

**City of Pacific Grove**

Community Development Department – Building Division

300 Forest Avenue, Pacific Grove, CA 93950

Tel: (831) 648-3191 | Fax: (831) 648-3184 | www.cityofpacificgrove.org/cdd**OFFICE USE ONLY**

Application No: _____

Sanitary Sewer Lateral Inspection Form**SEC I: PROPERTY INFORMATION**

Project Address	206 Cypress Ave.	Assessor Parcel No.	
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SEC II: APPLICANT INFORMATION

NAME:	PHONE:	EMAIL:
MAILING ADDRESS:		


SEC III: SEWER LATERAL INFORMATION

Has the lateral been replaced within the last ten (10) years?	<input type="checkbox"/> Yes (Provide documentation)
	<input checked="" type="checkbox"/> No (Sewer Lateral inspection required. See Section IV)

SEC IV: SEWER LATERAL INSPECTION (This section must be completed by a licensed plumber)

Inspection Date	May 13, 2025	Contractor Name	Rooter King of Monterey County, Inc.
Contractor Phone	(831) 394-5315	Contractor Email	alejandrerooterking@gmail.com
Contractor Mailing Address	PO Box 174 Seaside CA 93955	Contractor License #:	963415

All of the following questions must be answered

	YES	NO	IMPORTANT NOTICE: <i>Based on the information provided, a Notice to Repair may be issued within thirty (30) business days after receipt of this form. The Notice to Repair shall specifically identify the deficiencies to be corrected and shall establish a deadline of 30 days within which the property owner shall complete the required corrective actions. The corrective action may include a requirement that the lateral be replaced altogether and also may include the installation of cleanouts and backwater valves if those devices are otherwise required by the City or the current and adopted version of the California Plumbing Code.</i>
Is cleanout/sewer relief vent installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is sewer backwater valve needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is sewer backwater valve installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the connection to the sewer main serviceable and in good working condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the sewer lateral free from roots, grease deposits and other solids that may impede or obstruct the transmission of waste water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all joints water tight, sound and free from structural defects, cracks, breaks, openings, sags, or missing portions to prevent exfiltration by ground or storm water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Alejandro Trinidad		May 13, 2025
LICENSED PLUMBER SIGNATURE	PRINT NAME		DATE

APPLICANT DECLARATION: I hereby certify under that I have authority to make the foregoing application and the information contained herein is correct.

PRIMARY APPLICANT SIGNATURE	PRINT NAME	DATE