



NSD Tracking No. _____

NOVATO SANITARY DISTRICT
Lateral Replacement Grant Program Application
FY 2016-2017

SECTION I. General Information *Please print clearly.*

1. **Property Address:** _____

2. **Property Owner Name:** _____

3. **Property Owner Address:** _____
(if different from above) Street City State Zip

Property Owner Signature: _____ **Date:** _____

SECTION II. Certification *Please print clearly.*

I certify by signing this application that **I am the legal owner of the property described herein**. I am aware the submission of this document does not constitute that a grant has been approved by the Novato Sanitary District (NSD). I have read the information discussing the requirements for the Lateral Replacement Grant Program and am aware that a letter will be issued advising if funds have been granted. **Any repair work performed prior to receiving a letter of obligation from NSD is performed at my own risk and cost, and makes this application null and void. I understand not all applications will be granted. I understand all applications are subject to approval by NSD.**

Property Owner Signature: _____ **Date:** _____

Property Owner Contact info.:

Phone number where we can contact you during normal business hours: _____

Phone number where we can contact you in the event of an emergency: _____

Email Address (optional): _____



NSD Tracking No. _____

NOVATO SANITARY DISTRICT
Lateral Replacement Grant Program Application
FY 2016-2017

SECTION III: Price Quotations Form

If you choose to participate in the Lateral Replacement Grant Program, please attach to this page at least three (3) price quotations from licensed contractors and provide information below. Submit full packet to NSD for review to remain eligible for the grant program.

1. Contractor Name: _____ Quotation: \$ _____
License # _____
Repair Method: Pipe Bursting or Open Trench

2. Contractor Name: _____ Quotation: \$ _____
License # _____
Repair Method: Pipe Bursting or Open Trench

3. Contractor Name: _____ Quotation: \$ _____
License # _____
Repair Method: Pipe Bursting or Open Trench

4. Contractor Name: _____ Quotation: \$ _____
License # _____
Repair Method: Pipe Bursting or Open Trench

Please be advised:

NSD will review price quotations for reasonableness of scope and cost. Additional estimates may be requested by NSD. Individual property owners shall be responsible for all applicable permits and fees.

Reminder:

Please submit the completed application form to Novato Sanitary District, Attn: Steve Krautheim, Field Services Manager. Any Questions, please call Steve at (415) 798-4053, or the District office.

Novato Sanitary District
500 Davidson St., Novato CA 94945
Phone: 415-892-1694 / Fax: 415-898-2279
Website: www.novatosan.com