



Public Works Department
Engineering Division

For office use only

PSLC Record Number: _____

PRIVATE SEWER LATERAL CERTIFICATE APPLICATION

Please print or type clearly. Fill out all boxes and sign application. Incomplete applications will not be processed.
Public Works anticipates 5 City business days to process your Certificate.

| | | |
|---------------------|--|--|
| Date | Parcel Number | |
| Property Address | | Property Zip Code |
| Property is: | Single-family Residence <input type="checkbox"/> | Condo <input type="checkbox"/> Business <input type="checkbox"/> |

Owner Information – PLEASE print clearly

| | | |
|---------|-------|----------|
| Name | | |
| Email | | |
| Address | Phone | |
| City | State | Zip Code |

PSL Certificate or Notice of Deficiency Mailing Information – PLEASE print clearly

| | | |
|---------|-------|----------|
| Name | | |
| Email | | |
| Address | Phone | |
| City | State | Zip Code |

THIS APPLICATION IS FOR: Property Sale/Transfer: Building Construction: Other:

| | |
|--------------------------|--|
| <input type="checkbox"/> | PSL Permit Final Sign-off of the Lateral Replacement or Repair: PSL Permit # _____ (attach copy of signed Job Card) |
| <input type="checkbox"/> | Verification that replacement has been done within the last 20 years and detailed scope of work is attached for verification. As the applicant, I understand that approval of this information for the issuance of the Sewer Lateral Certificate (SLC) is at the discretion of the City Engineer and will be subject to review in accordance with Standard 06-02 (see page 2) of the Private Sewer Lateral Program. Plumbing or PSL Permit # _____ |

| Print Name of Applicant | Title | Date |
|-------------------------|-------|------|
| | | |

To the best of my knowledge, the information submitted herewith complies with all requirements set forth by the Berkeley Municipal Code Chapter 17.24, inclusive. I declare under penalty of perjury that all information submitted herein applies to the subject address and to no other properties.

| Signature of Applicant | Date |
|------------------------|------|
| | |

Submit your completed application and supporting documents to City of Berkeley Customer Online Portal

1947 Center Street, 4th floor, Berkeley, California 94704

Phone: (510) 981-6423 | Schedule Inspection: [City of Berkeley Online Portal](#) | Email: PSLProgram@CityofBerkeley.info
Website: [Private Sewer Lateral | City of Berkeley \(berkeleyca.gov\)](#)