



City of Avalon
Public Works Department

PRIVATE SEWER LATERAL CERTIFICATE APPLICATION

AMC 6-7.3

For office use only
PSL-C Application Number: _____

PROCESSING FEE OF \$101 WILL BE INVOICED UPON SUBMITTAL OF APPROVAL LETTER

Please print or type clearly. Fill out all boxes and sign application. Incomplete applications will not be processed.

Date	Parcel Number (APN)				
Property Address				Property Zip Code	
Property is:	Single-family Residence	Multi-family Residence	Condo	Commercial	Common Interest Development

Owner Information – PLEASE type or print clearly

Name		
Email		
Mailing Address	Phone	
City	State	Zip Code

PSL Certificate or Notice of Corrective Action Mailing Info: Same as Owner Info cc Owner and Below

Name		
Email		
The Certificate will be sent as a PDF to your email address. If you prefer to receive a printed copy by mail, check this box:		
Mailing Address	Phone	
City	State	Zip Code

THIS APPLICATION IS FOR: Property Sale Construction/Remodel/Change in Use Other: _____
AMC 6-7.304

Contact information for authorized person to give access to property on inspection date, if required

Name		
Email	Phone	

To the best of my knowledge, the information submitted herewith complies with all requirements set forth by the Avalon Municipal Code Sec. 6-7.3, inclusive. I declare under penalty of perjury that all information submitted herein applies to the subject address and to no other properties. I understand the Inspection Report may require maintenance, repair, rehabilitation and replacement of the Private Sewer Lateral, AMC 6-7.305.

Print Name of Applicant	Signature	Title	Date
		Ex: Owner, Contractor, Agent	

Inspection has been Completed by Contractor The following Three documents are required:

PSL Inspection Report Inspection Video Certification (Reverse Side)

Public Works anticipates up to 10 (ten) business days to generate the approval letter after the inspection

For more information on the Private Sewer Lateral Program Visit www.cityofavalon.com/PSL

Deliver your completed application and supporting documents to Avalon City Hall, Public Works Department
410 Avalon Canyon Road, Avalon CA 90704-0707. Or email completed forms to: PSL@cityofavalon.com



City of Avalon

PRIVATE SEWER LATERAL INSPECTION REPORT CERTIFICATION FORM

This Certification Form to be completed ONLY if Inspection has been Completed by Contractor

(1) COMPLETE FORM & APPLICATION (2) COMPLETE INSPECTION REPORT (3) PROVIDE INSPECTION VIDEO

Property Owner/Customer Name: _____

Property Address: _____ Zip: _____

Customer Phone: _____

I confirm that I have reviewed the results of the attached Private Sewer Lateral Inspection Report conducted for my property by a licensed Plumber (below).

Property Owner's Signature: _____

Printed Name: _____ Date: _____

Plumbing Company Name: _____

I certify that information, recommended repairs and video recording I have provided with this form are true and correct.

Video Technician's Signature: _____ Date: _____

The information submitted herewith complies with all requirements set forth by the City of Avalon Municipal Code Section 6-7.3. I declare under the penalty of perjury that all information submitted here applies to listed address only

Plumber's Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Contractors License # _____ City of Avalon Business License # _____

Note: Please submit the original signed report and one copy (to be retained for your records) with a digital copy of the video inspection* by email: PSL@cityofavalon.com, post or in person: City of Avalon, Department of Public Works, 410 Avalon Canyon Road, PO Box 707, Avalon, CA 90704
*USB or File Transfer Sites generally accepted - confirm format prior to inspection
www.cityofavalon.com/PSL

(For Official Use Only)

FILED WITH CITY Date: _____ Staff Initials: _____