

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 FAX (530) 225-5413
ehd.co.shasta.ca.us

APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT # SDS _____

- Conventional system - \$639.65 Includes additions and replacements. Non-conventional system - \$749.17 Submit legal description and *Consultant's Agreement*. Repair of **Failing System** - No Fee Show proposed repair.

APPLICANT (Must be licensed contractor or property owner.)

Name _____
Mailing Address _____
City, State, Zip Code _____
Telephone _____
EMail Address _____

LOCATION OF PROPERTY

Street or Road _____
Assessor's Parcel Number _____

DIRECTIONS TO LOCATE PROPERTY are to be provided on the back of this application or the back of the plot plan. Directions must be adequate for staff to locate property.

PROPERTY OWNER

Name _____
Mailing Address _____
City, State, Zip Code _____
Telephone _____
EMail Address _____

PLOT PLAN is to be submitted on **8½ x 11** sheet according to the Sample Plot Plan instructions and show **all** requested information.

SOIL TESTING A minimum of three percolation tests are required to be submitted in the proposed leach field area. One test pit shall be excavated and a soil profile logged by a person qualified to perform testing under the Shasta County Sewage Disposal Standards.

PROPOSED USE OF PROPERTY

Residential: House Mobile home
Number of bedrooms _____
Garbage disposal? Yes No
Commercial: Describe proposed operation (type of business, seating capacity, number of units, number of employees, etc.)

Test results, including a map from the consultant showing test locations, are attached.

Testing was done when this parcel was created.
Subdivision _____ Lot # _____
Parcel Map _____ Lot # _____
Other _____

Repair/Replacement (Testing may be required after review.)

LOT SIZE _____ x _____ or acreage

WATER SUPPLY

Public System Name _____
 Private If private, Drilled Well Spring
 Other (describe)

Proof of legal creation is required on undeveloped properties.

FOR OFFICE USE ONLY
Zoning/General Plan _____
Use is permitted without use permit or by UP _____
Legal Creation verified _____
Application received by _____ Date _____
\$ _____ received Date _____ Receipt # _____
\$ _____ received Date _____ Receipt # _____
Associated Applications and Projects:
BP # _____ Other _____
Notes: _____

SIGNATURE OF CONTRACTOR (if applicant is contractor)
I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect. License # _____
I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.

SIGNATURE OF CONTRACTOR DATE

SIGNATURE OF OWNER (required on all applications)
I certify that I am the owner of this property and that I will contract with a licensed contractor **OR** that I and my employees, with wages as their sole compensation, will do all of the work.
I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection purposes.
By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.
I understand that the Shasta County Department of Resource Management, in releasing this permit for the immediate construction of a sewage disposal system does not guarantee the issuance of any other development permits or land use request for this property.

SIGNATURE OF OWNER DATE

Permit issued by _____ Date _____
Final approval by _____ Date _____