

## SUTTER COUNTY

## DEVELOPMENT SERVICES DEPARTMENT

Building Inspection Code Enforcement Engineering/Water Resources Environmental Health Planning Road Maintenance

	Amount Paid \$	Receipt No.	Received By	Date	
	APPLICATION FOR AN O	N-SITE SEWAGE	DISPOSAL PERMIT		
<ul><li>New</li><li>Conventional</li><li>Non-Conventional</li><li>Alternative</li></ul>	<ul><li>Repair</li><li>Permit Extension*</li><li>*(Repairs only)</li></ul>	-	c Tank Replacement c Tank Destruction	□ Misc. Review	
A SCALED SITE PLAN NO L THIS APPLICATION	ARGER THAN 11" X 17" WHICH	SHOWS ALL REQUIR	ED INFORMATION MUST BE	SUBMITTED WITH	
LOCATION OF PROPERTY			PROPOSED USE OF PROPERTY		
Address		<del></del>	☐ Residential – Number of Bedrooms		
			Garbage disposal	Yes □ No	
Assessor's Parcel Number		<del> </del>	☐ Commercial – Provide usage statement		
Special Flood Hazard Area	□ Yes, Zone □ N	lo			
APPLICATION			WATER SUPPLY  □ Public Provider		
Applicant		· · · · · · · · · · · · · · · · · · ·			
Applicant Address			□ Private Well □ F	Public Well   Other	
Applicant Phone		<del></del>			
Applicant Email		· · · · · · · · · · · · · · · · · · ·		issuance of a permit tal Health Division in	
Owner Name		<del> </del>	no way indicates a	guarantee of perfect	
Owner Address		· · · · · · · · · · · · · · · · · · ·	and indefinite operation and maintenance of this septic system. The property owner is required to make any		
Contractor		·····	repairs as necessary to confine sewage after obtaining the appropriate permit.		
Contractor Phone		<del></del>			
License Number			I certify that I have read this application and the information provided is correct.  I agree to comply with all Sutter County Ordinances and State Laws relating to		
Applicant (Printed Name)			representatives of	nd hereby authorize  Sutter County to rty for inspection	
Signature	Date	 2	pai posesi		