



ON-SITE WASTEWATER CONSTRUCTION PERMIT

Date: _____
 Amount: _____
 Receipt No. _____

This application will be accepted with payment of permit fee and the permit will be issued when system design is submitted by a Certified Designer (or Certified Installer for Standard Gravity System) and approved by Environmental Health.

APPLICATION

Form CP

This section completed by applicant

APN #: _____ Trakt #: _____

Applicant Name (Please print) _____ Property Owner Name _____

Applicant Mailing Address _____ Construction Site Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Applicant Telephone Number _____ Certified Designer (if applicable) _____

New Construction Repair
 Expansion Tank Destruction
 Tank Replacement Only

Residential: Number of bedrooms: _____
 Non-Residential (specify): _____

Applicant Signature _____ Date _____

PERMIT

DESIGN AND CONSTRUCTION APPROVAL

This section completed by Environmental Health

This permit is issued based on review of the attached design and has determined that it meets the requirements of Butte County Code Chapter 19 On-Site Wastewater Systems.

Environmental Health Specialist _____ Date of Issuance _____

Comments/Conditions: _____

- ◆ This permit valid only for installation of attached design, stamped "Approved." Variation from the approved design must have prior approval by Environmental Health.
- ◆ This permit valid only if system is installed by the homeowner or by a contractor with valid Installer Certification issued by Environmental Health.
- ◆ **This permit will expire 2 years from the date of Design and Construction approval.**

FINAL APPROVAL AND CERTIFICATE OF COMPLETION

This section completed by Environmental Health

Installation by: Homeowner Certified Installer As-Built Attached Designer Sign-off

Inspected by: _____ Comments: _____

 Environmental Health Specialist _____ Date _____