



BUTTE COUNTY PUBLIC HEALTH DEPARTMENT

Division of Environmental Health

202 Mira Loma Drive, Oroville, CA 95965

(530) 538-7281 or (530) 891-2727

FAX (530) 538-5339

APPLICATION FOR PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

Owner's Name _____ Assessor's Parcel No. _____

Applicant's Name _____ Phone No. _____

Mailing Address _____

1. Construction Site _____
(street and number or direction and distance to nearest crossroad)

2. Lot Size _____ feet x _____ feet _____ Acres _____

3. APPLICATION FOR:

- New system for new building
- Repair of or addition to old system
- Auxiliary or secondary system
- New system to replace existing facilities
- Destruction

4. Type of building to be served by proposed system:

- Mobile Home (size _____) No. Bedrooms _____ Garbage Disposal? _____
- House No. Bedrooms _____ Garbage Disposal? _____
- Other (Specify) _____

5. Water supply for premises: (Must be safe, potable water) Community Private Well Other _____
Water supply for adjoining properties: Community Private Well Other _____

6. WORKER'S COMPENSATION INSURANCE

I am aware of the provisions of Section 3700 of the California Labor Code, which requires every employer to be insured against liability for Worker's Compensation.

- I have placed on file with the County of Butte a Certification of Worker's Compensation Insurance.
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to be subject to the Worker's Compensation Laws of California.

7. SITE PLAN TO BE FURNISHED - Draw to scale on site plan the following:

- a. Property lines.
- b. Location of all proposed and existing buildings, Structures, driveways and parking area.
- c. Location of large trees, rocks, or other obstacles.
- d. Location of any well, spring, creek or other body of water on the parcel and within 100 feet of property line.
- e. Show direction and approximate amount of slope.
- f. Source of water.
- g. Water lines.
- h. Set back lines and easement.
- i. Proposed sewage disposal system and area for replacement.

I hereby state that the information above or attached hereto is correct and true to the best of my knowledge. I understand that the permit must be obtained before any construction is begun either on the building or on the sewage disposal system, and that a satisfactory inspection of the system is required before the new building or dwelling may be occupied or the system backfilled, or put into use. I also understand that a safe potable water must be supplied to the new building or dwelling before occupancy can take place.

Signed _____ Owner Authorized Agent Licensed Contractor

Date _____ (An original letter of authorization must accompany this application in order for an authorized agent to sign).

FOR OFFICE USE ONLY

Legal parcel? _____ Zoning _____ Use permitted? _____ Access _____
Water plans cleared _____ Potable water _____ Receipt No. _____ Amount _____
Comment _____