



Public Health Department

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Environmental Health Division

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UNDERGROUND TANK REPAIR/MODIFICATION APPLICATION AND PERMIT

Name of Establishment: _____

Assessor's Parcel #: _____

Site Address/Location: _____

Mailing Address: _____

Tank Owner: _____

Telephone: _____

Tank Owner's Address: _____

Applicant's Name: _____

Telephone: _____

Mailing Address: _____

Email: _____

Contractor's Name: _____

Telephone: _____

Mailing Address: _____

License #: _____

License Type: _____

Description of Work: _____

Email: _____

Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy Number: _____
(The above sections need not be completed if the permit is for work of a valuation of one hundred dollars (\$100) or less).
- 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 become subject to workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMIAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AND PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.

Signature of Applicant DATE: _____

Owner Licensed Contractor Authorized Agent

ATTACHMENTS TO BE INCLUDED: Construction Plan _____ Date Recd _____
Equipment listing and specifications (cut sheets) _____ Date Recd _____

PERMIT FEES: _____ FEES: _____

DEPARTMENT USE ONLY: Receipt No. _____ Date _____

Permit Issued _____ By _____ EXPIRATION DATE _____