



## PROPERTY OWNER APPLICATION TO HIRE A PRIVATE CONTRACTOR FOR FIRE DEBRIS REMOVAL

### WHO NEEDS TO COMPLETE THIS FORM?

**Private property owners who:**

1. Decide **not** to participate in the Government Sponsored Debris Removal Program (Government CalOES Program) and choose to clean up their property by hiring a qualified contractor and following the Private Contractor Fire Debris Removal Program (Private Contractor Program)  
**OR**
2. Own properties with qualifying structures that are not eligible for the Government CalOES Program. The owner is required to clean up the property to the standards established in ordinances, regulations, and this document so that health and safety risks are adequately addressed for the community and the environment. The Private Contractor Program requires owners to provide documentation demonstrating adequate cleanup and proper disposal of debris.

**If your property did not include a qualifying structure as outlined in the Government (CalOES) Plan, you are not required to complete the Property Owner Application to Hire a Private Contractor for Fire Debris Removal. If this describes your property, submit CZU Debris Removal Exemption Application.**

**Important note:** State disaster assistance funding will **not** reimburse property owners for work completed by a hired contractor under the Private Contractor Program.

Submit this form to Environmental Health Services located at 2000 Alameda de Las Pulgas, Suite 100, San Mateo, 94403 by appointment or by email to [envhealth@smcgov.org](mailto:envhealth@smcgov.org). **Applications will begin being processed November 16th, 2020.**

### PROPERTY INFORMATION

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Burned Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This document sometimes refers to property owners, owners, contractors, consultants or you. These terms all refer to the property owner and his or her duties, as an owner is required to use contractors and consultants to complete the cleanup process.



Description of debris being removed (number and types of structures, types of waste, including vehicles):

## PROGRAM PARTICIPATION

A licensed contractor with proper certifications shall perform the ash and debris removal, hazardous materials, asbestos removal, and other cleanup work. Contractors must comply with the California Contractors State License Board (CSLB) requirements to perform cleanup work under the Private Contractor Program.

Name of Contractor: \_\_\_\_\_

License Number: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

**Required:**

Owners are required to obtain approval from Environmental Health Services for the work plan prior to starting debris cleanup. Any employee performing debris removal shall have (at a minimum) OSHA 40-hr HAZWOPER Training in accordance with 29C.F.R. §1910.120.

**Property Owner Acceptance of Requirements and Indemnification:**

I have read and will fully comply, as will any contractor working on my property, with the conditions described in the document Management of CZU Lightning Complex Fire Debris and approved work plan. I understand the ash and debris contain hazardous substances and exposure to hazardous substances may lead to acute and chronic health effects, and may cause long-term public health and environmental impacts and proper disposal of the debris is necessary to limit these impacts.

I agree to ensure my contractor will wet down ash and debris before removal and will control dust on the property.

I agree to ensure my contractor will completely encapsulate the ash and debris with a tarp ("burrito wrap" method) prior to transportation for proper disposal.

I agree to ensure my contractor will collect soil samples and submit analytical results with the Debris Removal Cleanup Certification to certify the project has been completed. I understand that human remains may be encountered during the cleanup and that due to the extreme heat of the fire, any human remains are likely to consist of bones or bone fragments.



SAN MATEO COUNTY HEALTH  
**ENVIRONMENTAL  
 HEALTH SERVICES**

**Environmental Health Services**

2000 Alameda de las Pulgas, Suite #100  
 San Mateo, CA 94403  
 Phone: (650) 372-6200 | Fax: (650) 627-8244  
 smchealth.org/eh

I agree that if possible human remains are encountered (including any type of bones) during debris removal efforts, all personnel will be careful not to disturb the possible remains, exit the property, immediately report the possible remains to the San Mateo County Sheriff's Office at 650-363-4911, and will wait for a search team to arrive and determine whether they are in fact human remains before resuming debris cleanup.

I agree that the decision as to whether the Private Contractor Program requirements have been met is in the sole discretion of Environmental Health Services and that such decision is final.

I certify that I am the owner or authorized agent of the real property located at the above address. I hereby certify that I have full power and authority to execute this application without the need for any further action, including but not limited to notice or approval from any other party.

I acknowledge that the decisions made by Environmental Health Services are discretionary functions and Environmental Health Services is not liable for any claim based on the exercise or failure to exercise a discretionary function and promise not to make such a claim. I further release and agree to hold and save harmless Environmental Health Services from all liability for any damage or loss whatsoever that may occur during or after performance of the Private Contractor Program activities. I therefore waive any claim or legal action against Environmental Health Services.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENVIRONMENTAL HEALTH SERVICES APPROVAL**

Environmental Health Services has reviewed the work plan for debris removal for the above-referenced property. The work plan is complete and is therefore approved. The debris removal project shall not deviate from the approved work plan without written approval from Environmental Health Services. Whenever necessary to make an inspection to ensure compliance with the approved work plan, any authorized official of San Mateo County may, upon presentation of proper credentials, enter such property at all reasonable times to inspect any provision of the approved work plan.

Environmental Health Services  
 Representative Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_