



## SEPTIC APPLICATION CHECKLIST

**\*Application(s) that are not completely filled out will not be processed.**

**Applications must be:**

- ✓ Legible
- ✓ Complete with current application (filled out and signed)
- Check box indicating the service(s) applying for
- APN (Assessor Parcel Number)
- Mailing Address & Site Address (street, city, and zip)
- Applicant / Agent's Signature (Attach a letter from the property owner providing authorization if signed by an Agent.)
- Contractor's Information and Signature
- Submit with a form of payment:
  - Cash (over the counter only)
  - Check (made to San Mateo County), or
  - Credit Card (Visa, Mastercard; over the counter or by phone only)
- 3 surveyed plot plans with topography, must graphically indicate slopes greater than or equal to 50%. Make plans to scale 1" = 20' preferred (not required for permit extension or tank destruction, unless tank location is not on file with Environmental Health)
- Method of Abandonment/Destruction on separate sheet (required for tank destruction)



## SEPTIC APPLICATION

**ALL WORK MUST BE SCHEDULED WITH ENVIRONMENTAL HEALTH STAFF AT LEAST 2 WORKING DAYS IN ADVANCE**

### Fees must be submitted with application

- |   |   |
|---|---|
| <input type="checkbox"/> PE 4218 Site Evaluation                    | <input type="checkbox"/> PE 4216 Wet Weather Testing                              |
| <input type="checkbox"/> PE 4220 Perc Test                          | <input type="checkbox"/> PE 4208 Annual Operating Permit                          |
| <input type="checkbox"/> PE 4219 Repair/Alteration                  | <input type="checkbox"/> PE 4212 Exemption/Variance                               |
| <input type="checkbox"/> PE 4211 Tank Destruction*                  | <input type="checkbox"/> PE 4210 Re-submittal Fee                                 |
| <b>Installation Permit: (check one)</b>                             | <input type="checkbox"/> PE 4299 Hourly Rate: _____                               |
| <input type="checkbox"/> PE 4221 <2500 feet <sup>2</sup> House Size | <input type="checkbox"/> PE 4217 Permit Extension: _____                          |
| <input type="checkbox"/> PE 4223 <3500 feet <sup>2</sup> House Size | <input type="checkbox"/> PE 4209 Annual Certification of Perc Tester or Installer |
| <input type="checkbox"/> PE 4224 >3501 feet <sup>2</sup> House Size | <input type="checkbox"/> PE 4214 Tank Replacement in same location (Minor Repair) |
| <input type="checkbox"/> PE 4213 Alternative System                 |   |

### SITE INFORMATION:

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 APN (9 digit number required): \_\_\_\_\_ Building Application #: \_\_\_\_\_  
 Number of Bedrooms: \_\_\_\_\_ Addition to house:  Yes  No Source of Water Supply:  Public Water  Well  Spring

### OWNER INFORMATION:

Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION (MUST BE CERTIFIED SEPTIC CONTRACTOR):

Contractor: \_\_\_\_\_ Contractor License No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

County Certified Percolation Tester OR Installer Name: \_\_\_\_\_

Workmen's Compensation Insurance Coverage: \_\_\_\_\_

**I certify that I have valid Workmen's Compensation Coverage or that I shall not employ any person in a manner so as to become subject to California Workmen's Compensation Laws for the work for which this permit is being requested.**

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

Property Owner/ Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Attach a letter from the property owner providing authorization if signed by an agent)

3 surveyed plot plans **MUST** be submitted with this application. (Make plans to scale 1" = 20' preferred)

\*Submit Method of Tank Abandonment/ Destruction on a separate sheet.

**ALL FEES ARE NON-REFUNDABLE**

**APPLICATION WILL BE VOID AFTER 1 YEAR FROM DATE OF SUBMITTAL IF UNABLE TO PERMIT**