

COUNTY OF MARIN

ENVIRONMENTAL HEALTH SERVICES

3501 Civic Center Drive, Room 236 San Rafael, CA 94903

Fee: _____
Check or cc# _____
Date rec. _____
Rec. by: _____
PERMIT # _____

For all applications indicate the water source(s) for the property:

Public Water Domestic Well Irrigation Well

SEPTIC APPLICATION (check appropriate service applying for)

- Office Consultation Field Consultation Field Review Pre-Application Meeting
Site Evaluation (soil profiles) Percolation Test Site Review Graywater
Permit to Construct Permit Renewal

If applying to CONSTRUCT, indicate TYPE OF SYSTEM and APPLICATION TYPE:

- New System Repair Minor Modification Tank Replacement Tank Abandonment
Gray Water Check one: Residential Complex Commercial Complex Treated Nonpotable

IF APPLYING TO CONSTRUCT attach the following: calculations, slope stability report, construction inspection schedule and three copies of the design plans; and for **alternative systems only: operation, maintenance and monitoring instructions for homeowner, and contingency plan

PROPERTY OWNER'S NAME: _____

Mailing Address: _____
Zip _____

Phone: () _____ Cell _____

Property owner email is required:

EMAIL Address: _____

SITE ADDRESS: _____

City: _____

ASSESSOR'S PARCEL # _____

CONSULTANT: _____

Address _____

City: _____ Zip _____

Telephone: () _____

Workers Comp #: _____ Expires _____

License # _____ Expires _____

Marin County Business License # _____

CONTRACTOR: _____

Address _____

City: _____ Zip _____

Workers Comp #: _____ Expires _____

License #: _____ Expires _____

Marin County Business License # _____

APPLICANT: _____

Complete ONLY if the Applicant (i.e. potential buyer) is not the property owner. A release will be required from the property owner.

Phone: () _____ Cell: () _____

Mailing Address _____

City: _____ Zip _____

EMAIL Address: _____

Complete if applying for SITE REVIEW : (Perc Tests, Soil Profiles and Groundwater Inspections, Graywater)

Property Location (include location map and assessors parcel map) _____

Comments: _____

Complete if applying for permit for REPLACE TANK ONLY OR TANK ABANDONMENT:

Septic Tank Material: _____ Number of gallons liquid capacity: _____

* Three copies of site plan showing location of septic tank are required with application.

Signature of Owner, Applicant, Owner's Representative: _____ Date: _____

Note: Acceptance of an application does not guarantee that it is either complete or acceptable for processing. Incomplete applications may be returned to the applicant. Acceptance of a complete application does not guarantee that a permit will be issued. The issuance of a permit does not ensure that a system will operate satisfactorily.* New alternative systems require a Permit to Operate and a Supplemental Permit to Construct An Alternative Sewage Disposal Systems All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request Rev. Nov 2021