

<b>OFFICE USE ONLY</b>	
Fee \$	_____
Check #	_____
Receipt #	_____
Date	_____
Received by	_____
<b>PERMIT #</b>	_____

**For all applications:**  Public Water  Domestic Well  Irrigation Well

**SEPTIC APPLICATION** (check appropriate type)

- Office Consultation  Field Consultation  Pre-Application Meeting  Site Visit Prior to Building Permit  
 Site Review  Site Review Graywater  Permit to Construct  Tank Abandonment

**If applying to Construct, indicate Type of System:**  **Standard**  **Alternative\***

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

**OWNER'S NAME:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**ASSESSOR'S PARCEL #** \_ \_ - \_ - \_ - \_

**APPLICANT:** \_\_\_\_\_

**CONSULTANT:** \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Workers Comp #: \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

License # \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Business # \_\_\_\_\_ (Marin Co. only)

**CONTRACTOR:** \_\_\_\_\_

Workers Comp #: \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

License # \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Business # \_\_\_\_\_ (Marin Co. only)

**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.

**SYSTEM INFORMATION – Complete if applying for PERMIT TO CONSTRUCT a system OR for SITE VISIT prior to Building Permit**

Type of system: Mound \_\_\_\_\_ PDST \_\_\_\_\_ Sand Filter \_\_\_\_\_ Standard \_\_\_\_\_ Other (describe) \_\_\_\_\_

System area maximum slope: \_\_\_\_\_ Material of septic tank: \_\_\_\_\_  
*(Include a slope stability report if slope exceeds 20%; see Sec. 403 of the Regulations)*

Septic tank size: \_\_\_\_\_ gallons Sump chamber size: \_\_\_\_\_ gallons

Design daily flow: \_\_\_\_\_ gpd Low Flow Fixtures? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of bedrooms proposed: \_\_\_\_\_ (all rooms affording privacy which could be used as bedrooms)

**Please attach the following:** three copies of the plans, calculations, slope stability report, construction inspection schedule and \*\* operation, maintenance and monitoring instructions for the homeowner, and contingency plan (\*\* alternative systems only)

**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**