



FOR OFFICE USE ONLY	
Amt Due:	_____
Date Received:	_____
Check #:	_____
Receipt #:	_____
Invoice #:	_____

**Department of Health and Human Services, Environmental Health Division**  
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300  
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

**SEPTIC CONSTRUCTION PERMIT**

**PROPERTY DETAILS:**

Assessor's Parcel Number: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Property Size:	Subdivision/MLD:	Lot Number:	Number of Bedrooms:	Number of Existing Buildings:
_____	_____	_____	_____	_____

**OWNER DETAILS:**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT DETAILS:**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SEPTIC CONTRACTOR DETAILS:**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FEE DISCLOSURE**

*The purpose of this disclosure is for you to be aware, in advance, that your application may result in additional charges.* Services are largely fee dependent and most fees are collected at the time of application. It is the policy of Placer County Environmental Health to process applications in an efficient and timely manner. A time accounting and reporting system is in place to track these activities. If an additional amount is required to complete your permit, it shall be paid prior to issuance or final of a permit. An account status is available upon request. Staff time includes field visits, travel time, consultations in the office or by telephone, report review, and application/permit processing. Time may include research for special/unique situations. If you are not sure of a potential charge, please contact this office for clarification.

- Refund requests must be made within 12 months of the *date of the receipt of payment*.
- Refunds are made to the person who originally paid the fee.
- Administration fee will be calculated at 0.75 hours at the Division's current hourly rate and will be deducted from the refund to help cover the costs associated with processing the refund.

**PLEASE READ AND SIGN THE STATEMENT BELOW**

I understand that I have paid a fee for the septic construction permit application and that permit fees are based on the current hourly rate approved by the Board of Supervisors. I understand that if staff time exceeds this fee, I will be charged an additional amount based upon the actual time spent at the hourly rate. The rate in effect at the time the service was performed shall apply. **I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT:**

**Applicant Name Printed:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only	OW _____	FA _____	PR _____	PE _____	ON _____
Plans date stamped: Yes _____ No _____					