

Fee _____
 Check No. _____
 Receipt No. _____
 Date Paid: _____
 Entered By: _____

County of Placer - Environmental Health Services
 3091 County Center Dr. Suite 180 Auburn, CA 95603
 (530) 745-2300 Septic Inspection Recorder (530) 745-2360



OW#: _____ FA#: _____ ON#: _____ PE#: _____ PR# _____ AR#: _____ INV# _____

SEPTIC CONSTRUCTION PERMIT

ASSESSOR'S PARCEL NO: _____

PROPERTY ADDRESS: _____

Street No.: _____ Street Name: _____ City: _____ Zip Code: _____

OWNER	MAILING ADDRESS (Street, City, Zip)	TELEPHONE NO.
APPLICANT	EMAIL ADDRESS	TELEPHONE NO.

APPLICANT MAILING ADDRESS (Street, City, Zip)

SEPTIC CONTRACTOR	MAILING ADDRESS	TELEPHONE NO.
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DESCRIBE WORK TO BE DONE

SIZE OF PROPERTY	SUBDIVISION/MLD	LOT NO.
NO. OF BEDROOMS	EXISTING BUILDINGS ON PROPERTY	

FEE DISCLOSURE

The purpose of this disclosure is for you to be aware, in advance, that your application may result in additional charges.

Environmental Health 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.

POLICY STATEMENTS

APPLICABILITY

- 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 (i.e. the person who signed the check.)
- 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 actually performed shall apply.

I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT:

Applicant's Signature: _____ Date: _____