

**PLACER COUNTY HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH SITE EVALUATION**



APPLICANT'S NAME _____ TELEPHONE # _____

APPLICANT'S EMAIL _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROPERTY OWNER'S NAME: _____ ADDRESS: _____

PROPERTY LOCATION: _____ CITY _____

ASSESSOR'S PARCEL # _____ LOT/PARCEL# _____

PROPOSED LAND USE: _____

IF RESIDENCE, NUMBER OF BEDROOMS: _____ SIZE OF PROPERTY _____

PROPOSED WATER SUPPLY _____

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. However, there are numerous services provided where a basic minimum fee is collected, then if the allotted time covered by that fee is exceeded, an additional charge is made. 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 it shall be paid prior to issuance of a permit, approval, or report. 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

- Refund requests must be made within 12 months of the *date of the receipt*.
- 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 a Health Site Evaluation application. I also understand that if staff time exceeds this fee, I will be charged an additional amount based upon actual time and at the current hourly rate. The rate in effect at the time the service was actually performed shall apply.

Please print your name

APN

*Your Signature

Date

*I hereby certify by signing that the property owner has authorized this application and granted permission for access onto the property.

Revised 9/14/20

(For Office Use Only)						
Amount Paid	Date Paid	Receipt #	Check #	Check Date	Invoice #:	SR #
\$						