



LEAD REMEDIATION PERMIT APPLICATION

This document will serve as your permit with the authorized signature of the NCDEH Specialist and with a signed and valid Agreement to Pay form. Please submit the following with this application so that a review can begin:

- This application, a signed and valid Agreement to Pay form and receipt of payment.
Project description
A Work Plan and Health & Safety plan
Any test results for the property
Submit copies of CDPH Certifications for lead worker/lead supervisor and all other relevant certifications (Hazardous waste transportation registration, hazardous materials transportation license, etc).
Submit CDPH Lead Abatement Form 8551

Lead Remediation Site Information:

Facility Name: _____

Phone No. _____

Address: _____

APN _____ - _____ - _____

Operator: _____

Phone No. _____

Property Owner: _____

Phone No. _____

Business Owner: _____

Phone No. _____

Contractor DBA: _____

License Qualifier: _____

License No. _____

Expiration Date: _____

Consultant: _____

Phone No. _____

License No. _____

Expiration Date: _____

PROPERTY OWNER SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

Remarks: _____

Site Inspection Date Prior to Issued Permit: _____

Date Permit Issued: _____

Work Plan Approved By: _____

Issued To: _____

Date: _____

PE: _____

Job No. _____

Fee: \$ _____

Amount Paid:\$ _____

Receipt No. _____



**Community
Development
Agency**

Environmental Health Department

950 Maidu Avenue Suite #170 PH: (530) 265-1222 ext. 3
 PO BOX #599002 FAX: (530) 265-9854
 Nevada City, CA 95959 Env.Health@nevadacountyca.gov
www.nevadacountyca.gov

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.nevadacountyca.gov>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: - -	Name:
Property Owner/Business Name (if applicable):	Address:
Address:	
	Telephone:
Email:	Email:

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
 Printed Name

 Signature

THIS SECTION FOR OFFICE USE ONLY

Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
Date of Receipt: _____		
Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
Date of Receipt: _____		