



SEPTIC PERMIT APPLICATION

FOR ENVIRONMENTAL HEALTH USE ONLY
Permit Number: EH -

PROPERTY INFORMATION

APN: - Address:
Acreage: Subdivision/Lot No. Existing Building(s):

OWNER INFORMATION

Name: Phone No. Email:
Mailing Address: (street, city, zip)

APPLICANT INFORMATION

\* if applicant is different from owner, must supply Agent Authorization form or be a licensed contractor.

Name: Phone No. Email:
Mailing Address: (street, city, zip)
Contractor / Installer: License No. Phone No.

WATER SOURCE: Well Public: Water Source:
SYSTEM TYPE: Residential Commercial # Bedrooms:
Standard Non-Standard Treatment (Supplemental) Type:
New Modification Repair Replacement Tank Only Abandonment Other:
Description:

WORKERS' COMPENSATION DECLARATION

Please read carefully and check one statement:

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation...
I have and will maintain workers' compensation insurance...
I certify that in the performance of the work for which this permit is issued, I shall not employ any person...

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

BY MY SIGNATURE, I AFFIRM THAT I UNDERSTAND THE SYSTEM MUST CONFORM TO THE CURRENT NEVADA COUNTY LAND USE AND DEVELOPMENT CODE, CHAPTER VI (SEWAGE DISPOSAL ORDINANCE AND REGULATIONS), AND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH THE CODE, THIS PERMIT AND PERMIT CONDITIONS. I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT.

Applicant's Signature: Date: