



APPLICATION FOR ANNUAL ENVIRONMENTAL HEALTH OWTS CERTIFICATE OF OPERATION

Assessor's Parcel No. _____ Date of Application: _____

Site Address: _____

Property Owner Name: _____ Phone No. _____

Property Owner's Email Address: _____

Type of System:

Pressure Dosed Distribution

Treatment

Centralized System

In applying for this permit, the applicant agrees to comply with state and local laws and ordinances applicable to the referenced septic system and agrees to allow inspection of the system, upon request and at a reasonable time, by representatives of the Nevada County Environmental Health Department to determine compliance with said laws. Once issued, this permit will be valid from January 1st to December 31st of the current permit year. This permit is subject to revocation for non-payment of any County fees related to this system.

Applicants Name – Please Print

Signature

Daytime Phone Number

Email Address

Mailing Address



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:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Phone Number, and 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.

Printed Name: _____ Dated: _____
Signature: _____

THIS SECTION FOR OFFICE USE ONLY

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