



SEPTIC APPLICATION CHECKLIST

***Application(s) that are not completely filled out will not be processed.**

Applications must be:

- ✓ Legible
- ✓ Complete with current application (filled out and signed)
- Check box indicating the service(s) applying for
- APN (Assessor Parcel Number)
- Mailing Address & Site Address (street, city, and zip)
- Applicant / Agent's Signature (Attach a letter from the property owner providing authorization if signed by an Agent.)
- Contractor's Information and Signature
- Submit with a form of payment:
 - Cash (over the counter only)
 - Check (made to San Mateo County), or
 - Credit Card (Visa, Mastercard; over the counter or by phone only)
- 3 surveyed plot plans with topography, must graphically indicate slopes greater than or equal to 50%. Make plans to scale 1" = 20' preferred (not required for permit extension or tank destruction, unless tank location is not on file with Environmental Health)
- Method of Abandonment/Destruction on separate sheet (required for tank destruction)



SEPTIC APPLICATION

ALL WORK MUST BE SCHEDULED WITH ENVIRONMENTAL HEALTH STAFF AT LEAST 2 WORKING DAYS IN ADVANCE

Fees must be submitted with application

- | | |
|---|---|
| <input type="checkbox"/> PE 4220 Site Eval & Perc Test | <input type="checkbox"/> PE 4216 Wet Weather Testing |
| <input type="checkbox"/> PE 4219 Repair/Alteration | <input type="checkbox"/> PE 4208 Annual Operating Permit |
| <input type="checkbox"/> PE 4211 Tank Destruction* | <input type="checkbox"/> PE 4212 Exemption/Variance |
| | <input type="checkbox"/> PE 4210 Re-submittal Fee |
| Installation Permit: (check one) | <input type="checkbox"/> PE 4299 Hourly Rate: _____ |
| <input type="checkbox"/> PE 4221 Up to 199 linear feet installed | <input type="checkbox"/> PE 4217 Permit Extension: _____ |
| <input type="checkbox"/> PE 4223 200 to 299 linear feet installed | <input type="checkbox"/> PE 4206 Annual Certification of OWTS Installer |
| <input type="checkbox"/> PE 4224 300-600 linear feet installed | <input type="checkbox"/> PE 4209 Annual Certification of Perc Tester |
| <input type="checkbox"/> PE 4213 Alternative System | <input type="checkbox"/> PE 4214 Tank Replacement in same location (Minor Repair) |

SITE INFORMATION:

Site Address: _____ City: _____ Zip: _____
 APN (9 digit number required): _____ Building Application #: _____
 Number of Bedrooms: _____ Addition to house: Yes No Source of Water Supply: Public Water Well Spring

OWNER INFORMATION:

Owner: _____
 Mailing Address: _____ City: _____ Zip: _____
 Phone #: _____ Cell #: _____ Email: _____

CONTRACTOR INFORMATION (MUST BE CERTIFIED SEPTIC CONTRACTOR):

Contractor: _____ Contractor License No.: _____
 Mailing Address: _____ City: _____ Zip: _____
 Phone #: _____ Email: _____

County Certified Percolation Tester OR Installer Name: _____

Workmen's Compensation Insurance Coverage: _____

I certify that I have valid Workmen's Compensation Coverage or that I shall not employ any person in a manner so as to become subject to California Workmen's Compensation Laws for the work for which this permit is being requested.

Contractor Signature: _____ Date: _____

Property Owner/ Agent Signature: _____ Date: _____

(Attach a letter from the property owner providing authorization if signed by an agent)

3 surveyed plot plans **MUST** be submitted with this application. (Make plans to scale 1" = 20' preferred)

*Submit Method of Tank Abandonment/ Destruction on a separate sheet.

ALL FEES ARE NON-REFUNDABLE

APPLICATION WILL BE VOID AFTER 1 YEAR FROM DATE OF SUBMITTAL IF UNABLE TO PERMIT