

**BUILDING DIVISION REQUEST FOR SEWAGE DISPOSAL SYSTEM AND/OR WATER SUPPLY PERMIT WAIVER REVIEW BY ENVIRONMENTAL HEALTH DIVISION**

- Sewage Disposal System Field Review-\$321.90  Water Supply Field Review-\$351.90\*  Sewage Disposal System and Water Supply Field Review-\$432.38\*  
 Sewage Disposal System and Water Supply Office Review - \$160.95  Water Supply Sample-\$190.95\*

\*\$30.00 Shasta County Public Health Lab Fee Included

**APPLICANT (Must be licensed contractor or property owner.)**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**PROPERTY OWNER**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_

A **Permit Waiver** for review, and approval as applicable, by the Environmental Health Division is required prior to issuance of a building permit for a replacement or new residential bedroom addition or change in commercial use that has an existing well and/or onsite wastewater treatment system permit(s) pursuant to Shasta County Code, Section 16.04.160(D).

**EXISTING AND PROPOSED USE OF PROPERTY**

**Residential:**  House  Mobile home  
 Existing number of bedrooms \_\_\_\_  
 Proposed number of bedrooms \_\_\_\_  
 Garbage disposal?  Yes  No

**Commercial:** Describe proposed operation and type of business, seating capacity, number of units, number of employees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WATER SUPPLY**

Public System Name \_\_\_\_\_  
 Private  Drilled Well Permit # \_\_\_\_\_  
 or  Spring or  Surface Water  With Treatment  
 Is power available so that a water sample can be collected?  
 Yes  No (Water supply field review includes water sample.)

Operation of the sewage disposal system and/or water supply authorized by this permit waiver does not automatically authorize the use or activity for which these components are required. The approval a permit waiver is not a representation that other permit(s) for residential or other use on the same parcel will be issued in the future by Shasta County. Other permits may be required for the use or activity to be served and that each permit may be subject to the zoning, building, and related ordinances and development standards in effect at the time the permit is issued or reissued.

**OFFICE USE ONLY**

Application received by \_\_\_\_\_ Date \_\_\_\_\_  
 \$\_\_\_\_\_ received. Date \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_

**LOCATION OF PROPERTY**

Street or Road \_\_\_\_\_  
 Assessor's Parcel Number \_\_\_\_\_  
 Parcel Size \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

**Copies of original SDS and Well permits** and final inspection reports shall be submitted with this permit waiver application. [www.ehd@co.shasta.ca.us](http://www.ehd@co.shasta.ca.us) (530) 225-5787

**Floor Plan** - Depict existing and proposed structure.

**Plot Plan** - Shall be submitted on **8½ x 11** sheet according to the sample plot plan instructions and show **all** required information.

**Directions to locate property** - Directions must be adequate for staff to locate property.

**SIGNATURE OF CONTRACTOR (If applicant is contractor)**

I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect. License # \_\_\_\_\_

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.

\_\_\_\_\_  
 SIGNATURE OF CONTRACTOR

\_\_\_\_\_  
 DATE

**SIGNATURE OF OWNER (required)**

I certify that I am the owner of this property and that I will contract with a licensed contractor **OR** that I and my employees, with wages as their sole compensation, will do all of the work.

I certify that I have read this application and the all of the information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to applicable work, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection and sampling purposes.

By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

\_\_\_\_\_  
 SIGNATURE OF OWNER

\_\_\_\_\_  
 DATE

**FOR ENVIRONMENTAL HEALTH STAFF USE ONLY**

Existing sewage disposal system is adequate:  Yes  No

Existing water supply is adequate.  Yes  No

Denial reason: \_\_\_\_\_  
 \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_