

San Joaquin County Environmental Health Department Application Form

| | | | | | |
|--------------------------------------|---|---------------------------------------|--|---|--------------------------------|
| Facility Name | | | | | |
| Site Address | | | City | State | ZIP |
| APN | Supervisor District | | | | |
| Type of Service Requested | <input type="checkbox"/> Application for Operating Permit | <input type="checkbox"/> Consultation | <input type="checkbox"/> Change of Owner | <input type="checkbox"/> Repairs or Remodel | <input type="checkbox"/> Other |
| Comments | | | | | |
| If mobile food truck or pumper truck | License Plate Number | VIN | | | |

| | | | | | | |
|------------------------|--|---|---|---|-------------------------------------|------------------------------------|
| Contact Types required | <input type="checkbox"/> Billing Party | <input type="checkbox"/> Facility Owner | <input type="checkbox"/> Facility Contact | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Contractor | <input type="checkbox"/> Architect |
|------------------------|--|---|---|---|-------------------------------------|------------------------------------|

| | | | | | |
|--|---|---|---|---|------------------------------------|
| <input type="checkbox"/> Billing Party | <input type="checkbox"/> Facility Owner | <input type="checkbox"/> Facility Contact | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Contractor | <input type="checkbox"/> Architect |
| First Name | | Last name | | If contractor, indicate type and license number | |
| Address | | | City | State | ZIP |
| Phone | Phone | Email | | | |

| | | | | | |
|--|---|---|---|---|------------------------------------|
| <input type="checkbox"/> Billing Party | <input type="checkbox"/> Facility Owner | <input type="checkbox"/> Facility Contact | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Contractor | <input type="checkbox"/> Architect |
| First Name | | Last name | | If contractor, indicate type and license number | |
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|--|---|---|---|---|------------------------------------|
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| First Name | | Last name | | If contractor, indicate type and license number | |
| Address | | | City | State | ZIP |
| Phone | Phone | Email | | | |

BILLING ACKNOWLEDGEMENT: I, the undersigned property or business owner, operator or authorized agent of same, acknowledge that all site and/or project specific ENVIRONMENTAL HEALTH DEPARTMENT hourly charges associated with this project or activity will be billed to me or my business as identified on this form.

I also certify that I have prepared this application and that the work to be performed will be done in accordance with all SAN JOAQUIN COUNTY Ordinance Codes, Standards, STATE and FEDERAL laws.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PROPERTY / BUSINESS OWNER OPERATOR / MANAGER OTHER AUTHORIZED AGENT _____
Title

If APPLICANT is not the BILLING PARTY, proof of authorization to sign is required

AUTHORIZATION TO RELEASE INFORMATION: When applicable, I, the owner or operator of the property located at the above site address, hereby authorize the release of any and all results, geotechnical data and/or environmental/site assessment information to the SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT as soon as it is available and at the same time it is provided to me or my representative.

| | | | | |
|-------------------------------|----------------------------------|---|--|---------------------|
| Accepted By | | Assigned To | | Linked FA ID |
| Date | PE | Fee | | Record Number |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check # | <input type="checkbox"/> Confirmation # | | Payment Received By |

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