

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
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<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	
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	
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