



**Land Use Services Department**  
**Building & Safety Division**

**Onsite Wastewater Treatment**  
**For Septic Systems**

**Existing or New Systems**

1. **EXISTING SYSTEMS:** Please contact San Bernardino County Public Health Department, Division of Environmental Health Services (EHS) at 1 (800) 442-2283 to obtain the design rate indicated on the Onsite Waste Treatment System Inspection Report
2. **NEW SYSTEMS:** Applicant to submit percolation report to EHS and obtain the design rate.
3. Complete a Building Permit Application along with the Onsite Wastewater Plot Plan for the site and submit entire packet to Land Use Services, Building and Safety Division
4. A Land Use Technician will initialize the permit, determine and receipt the fees and request a plan check to review the plan
5. Once the plan is approved, a permit will be issued by the Land Use Services Department

**Onsite Wastewater Plot Plan Requirements**

**Please complete following items:**

1. Complete a Building Permit Application (page 2)
2. Complete an Onsite Wastewater Plot Plan (page 3). The Onsite Wastewater Plot Plan shall be drawn legibly and on 8 ½\*11 paper and shall include:
  - Owner Name
  - Job Site Address
  - Scope of Work
  - Septic Tank Size
  - Number of Bedrooms
  - Assessor Parcel Number (APN)
  - Guest House or 2<sup>nd</sup> Unit Sharing the Same System
3. The location of the 100% expansion area shall be noted on the plot plan
4. Indicate pit and leach field area and notate size on the plot plan



**Land Use Services Department**  
**Building & Safety Division**

**Building Permit Application**

**Permit is valid for only 180 days after permit issuance and will expire unless you begin work and receive an inspection within the 180-day period**

**To Be Completed By Applicant**

Job Site Address:				Assessor's Parcel Number:			
Property Owner	Name:			Phone No.		Cell No.	
	Address:			Unit Number		Zip Code	
	Email Address:						
Applicant	Name:			Phone No.		Cell No.	
	Address:			Unit Number		Zip Code	
	Email Address:						
Contractor	Name:			Phone No.		Cell No.	
	Address:			City		State	Zip Code
	Email Address:						
	Contractor's State of California License No.			Classification:			Lic. Exp. Date:
Description of Work:							
Applicant's Signature						Date:	

**To Be Completed By County Staff**

Indicate Work Type:	Combo	Grading	Alteration	Miscellaneous/Fences (Plumb. Mech. Elec. Solar, & Rwall)	EC/PCIR	MH	Prof. Rpts
	Addition	Demolition	Retrofit*	Revision to Existing Permit	Pool/Spa	Re-Roof	Land/Temp Uses
Proposed Building Use(s):				Existing Building Use(s):			
Occupancy Group:	# Buildings:	# Units:	# Stories:	# Bedrooms:	Permit Renewal	YES OR NO	
					Expired Permit #:		
Construction Type:					Work without a permit	YES OR NO	
					Code Enforcement case #:		

**Please note:**

Copies of identification, credentials and all forms requiring authorization signatures must be reviewed by staff for completeness prior to permit issuance and must be present each time a permit is pulled.



**Land Use Services Department**  
**Building & Safety Division**  
**Onsite Wastewater Treatment**  
**For Septic Systems**

**Onsite Wastewater Plot Plan**

[Large empty rectangular box for the Onsite Wastewater Plot Plan drawing]

**OWNER NAME:** \_\_\_\_\_  
**SCOPE OF WORK:** \_\_\_\_\_  
**NO. OF BEDROOMS:** \_\_\_\_\_  
**GUEST HOUSE OR 2<sup>ND</sup> UNIT SHARING SAME SYSTEM:** Y N \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_  
**SEPTIC TANK SIZE:** \_\_\_\_\_  
**A.P.N.:** \_\_\_\_\_

TO BE COMPLETED BY COUNTY STAFF:

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PERMIT NO.:** \_\_\_\_\_