



Land Use Services Department

Building & Safety Division

Onsite Wastewater Treatment

For Septic Systems

Existing or New Systems

1. Please contact San Bernardino County Public Health Department, Division of Environmental Health Services (EHS) to obtain the design rate indicated on the Onsite Waste Treatment System Inspection Report
2. 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
3. A Land Use Technician will initialize the permit, determine and receipt the fees and request a plan check to review the plan
4. 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 2nd 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



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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.



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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 2ND 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.:** _____