



APPLICATION FOR PERCOLATION REVIEW

THIS SECTION TO BE COMPLETED BY APPLICANT				
GENERAL INFORMATION				
Percolation Report <small>(check all that apply)</small>	<input type="checkbox"/> New Construction	<input type="checkbox"/> Commercial	<input type="checkbox"/> Tentative Tract	
	<input type="checkbox"/> Replace an Existing System	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Single Family Residence	
Design Rate <small>(check all that apply)</small>	<input type="checkbox"/> Research PERC Rate on File	<input type="checkbox"/> Leach lines	<input type="checkbox"/> Seepage pits	
	<input type="checkbox"/> Replace an Existing System			
<p>Note: If sewer is within 200 feet connection is required. A will/will not serve letter may be required.</p>				
SITE INFORMATION				
APN	Lot Dimensions	Acreage		
Tract	Parcel Map	Lot		
Site Address	City	Zip		
CONTACT INFORMATION				
Owner's Name(s)				
Mailing Address	City	State	Zip	
Email	Phone			
Contractor/Engineer	Phone			
When Completed Return to/ Contact	Phone			
Contact Mailing Address	Email			
For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only				
Fee:	FA Number:	Record ID:	PE Number:	
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:	
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Changes (please specify):			