



APPLICATION FOR ONSITE WASTEWATER TREATMENT REVIEW

THIS SECTION TO BE COMPLETED BY APPLICANT

GENERAL INFORMATION

Project Description (check all that apply)	New Construction	Commercial	Tentative Tract
	Replace an Existing System	Tentative Parcel Map	Single Family Residence
Review Type (check one per section)	Research PERC Rate on File	Alternative Treatment System	Leach Lines
	Percolation Review	Alternative Dispersal System	Seepage Pits

NOTE: If a sewer is within 200 feet, a connection is required. A Will/Will Not Serve Letter may be required.

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:		

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

By initialing and submitting this form, you acknowledge that you have read and understand the above statement: **Initials:** _____

For Office Use Only

Date:	PE Number:
Fee:	Record ID:
Received By:	FA Number:
	Designated Employee:

EHS Stamp