



County of Santa Cruz

Health Services Agency ♦ Environmental Health

701 Ocean Street, Room 312, Santa Cruz, CA 95060
 (831) 454-2022 Fax : (831) 454-3128 TDD/TTY -Call 711 www.scceh.com landuse@santacruzcounty.us

SEPTIC TANK DESTRUCTION PERMIT APPLICATION

SITE ADDRESS	APN	PERMIT NO.
PROPERTY OWNER	EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS		
CONTRACTOR	LICENSE NO. & CLASS	PHONE NUMBER
REGISTERED CONSULTANT NAME, ADDRESS, PHONE NUMBER, EMAIL ADDRESS		

Building Type:

Single Family Dwelling Multi. Family Dwelling Commercial

Water Supply:

On-site well On/Off-Site Public Water Name of Supplier _____

Septic Tank

Size _____ gallons Maximum sewer stub-out depth below grade _____ inches

Disposal Field

_____ gal/day/ft² Leach Trench Depth _____ inches

Total Leach Trench Infiltration Area _____ feet² Leach Trench Width _____ inches

Total Leach Trench Length _____ feet Attached Plans _____

Other: _____

WORKERS' COMPENSATION CERTIFICATE

(one of the following must be completed)

- 1. A current certificate of Workers' Compensation Insurance coverage is on file with Santa Cruz County. Workers' Compensation Insurance Policy
- 2. I certify that in the performance of the work for which this permit will be issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws in California.

TERMS OF PERMIT

I hereby certify that the above information, attached test data and submitted plans are true and correct and that the proposed work shall comply with all permit conditions and applicable laws, ordinances, standards, and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written approval prior to deviating from the approved permit or plans, covering any part of the system or placing the system into operation. It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation of this system is made by the Santa Cruz County Environmental Health Division.

Signature of Owner/Agent _____ Date _____

Signature of Contractor _____ Date _____

Permit Approved: By: _____ Date _____

Permit Denied: By: _____ Date _____

Fee Paid \$ _____ Date _____ Receipt No. _____ Expiration Date _____

Check Number _____ Check Date _____ Cash _____ Invoice Number _____