

SYSTEM and SITE DETAILS

County Planning & Development Case No: _____ Planner Name: _____

Lot Size _____ (in acres)

Purpose/specifics of modifications: (*check all that apply*)

- Increased capacity Change design of an existing system System includes supplement treatment

Dwelling Type Served by System: (*check all that apply*)

- Primary Residence Residential Second Unit Guest House

Existing Number of Bedrooms: _____ Proposed Number of Bedrooms: _____

- Accessory Structure (such as: Office, Barn, Shop, Artist Studio, Pool Cabana)

- Commercial (retail, wine tasting, etc.) Industrial (including wineries) Institutional (schools)

Name of Business/Institution: _____

Indicate the **water source** for the system:

- Public, indicate the Water Company/District: _____

- Private, indicate **On-site** source: _____ **Off-site** source: _____

Private Water Source must check one: State Small Single-parcel Multi-parcel

Indicate the **distance from water wells** (if within 600 feet):

Septic/treatment tank (in feet) _____ Dispersal field (in feet): _____

Indicate the **distance from springs, lakes, ocean water or drainage courses** (if within 400 feet):

Septic/treatment tank (in feet) _____ Dispersal field (in feet): _____

Indicate specifications for the **septic tank**:

Manufacturer: _____ Model number: _____

Type of material: _____ Capacity (in gallons): _____

Burial depth to top of tank _____

Indicate specifications for the **supplemental treatment system**:

Manufacturer: _____ Model number: _____

Capacity (in gallons/day): _____

Indicate the **surface slope** percentage at dispersal field (within 100 feet): _____

Indicate the following **leach line** installation information:

Number of trenches: _____ **Length** of each trench: _____ ft. **Depth** of each trench: _____ ft.

Bottom width of trench (in feet) _____ ft. **Earth cover** over drain line (in feet) _____ ft.

Filter material under drain line: _____

Total absorption area: _____ **Square feet** of trench: _____ sq. ft.

Indicate the following **shallow drip emitter field** installation information:

Number of lines: _____ **Length** of each line: _____ ft. **Depth** of each line: _____ ft.

Number of fields: _____ **Total Square feet** of shallow drip emitter fields: _____ sq. ft.

Indicate **seepage pit** installation details. *Note:* Seepage pits require Environmental Health Service's concurrence on finding of leach line infeasibility, and **supplemental treatment if installed on parcels <5 acres per dwelling/business**.

Number of pits: _____ **Diameter** of each pit (in feet): _____ ft. **Total Depth** of each pit (in feet): _____ ft.

Effective Depth of each pit (in feet): _____ ft. **Square feet** of sidewall: _____ sq. ft.

(Section 'A' or 'B' below must be completed prior to the issuance of a permit)

A. LICENSED CONTRACTOR DECLARATION

I hereby affirm that I am licensed under the Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code (B. & P.C.), and my license is in full force and effect.

_____ **Print Contractor's Name** _____ **Signature of Contractor** _____ **Date**
Lic. No.: _____ Class: C-36 C-42 A Office Tele. _____ Cell Phone: _____
Business Name: _____ Address _____

B. OWNER-BUILDING DECLARATION

I hereby affirm that I am exempt from the Contractors' State License Law for the following reason:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. (Sec. 7044, B. & P. C.)
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Sec. 7044 B. & P.C.)
- I am exempt under Sec. _____, B. & P.C. for this reason: _____

_____ **Print Owner/Builder's Name** _____ **Signature of Owner/Builder** _____ **Date**

When signed by the Environmental Health Specialist, this application shall be deemed a permit only for the work described and is not a "permit for development" as that term is used in the California Subdivision Map Act. Please note additional permits (e.g., electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. **THIS PERMIT BECOMES NULL AND VOID** if work or construction authorized is not commenced within one year from date of approval, or work is suspended or abandoned for a period of 180 days any time after work is commenced. No changes from the approved plan are permitted without prior written approval by Environmental Health Services. A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

I certify that I have read this application and declare under penalty of perjury the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

IMPORTANT NOTICE: After permit approval and prior to covering any system components, an inspection must be scheduled directly with the Environmental Health Specialist. All inspection appointments require advance notice of two full business days.

Signature of Applicant _____ **Sign** _____ **Print Name** _____ **Date** _____

APPLICATION DISPOSITION: Approved Denied

Signature of Environmental Health Specialist _____ **Date:** _____

FOR DEPARTMENT USE ONLY

Fixed Fee Rec'd by: _____ Date: _____ Amt \$ _____ Credit Card Trans. No.: _____
 Check No _____ Receipt #: _____

Hourly Billing: Applicant notified of amount due by Plan Checker (Initials): _____ Date: _____

Permit Conditions: _____

Final Construction Approved by: _____ Date: _____

Final Clearance by: _____ Date: _____