

# Site Restoration Hauler Permit Application

*KCBH Ordinance 2010-1*

Permit Type <b>SR</b>
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## PART I. General Information

Application Date	County where facility is located:
Business Name:	Business Phone:
Business Mailing Address:	Business Fax:
Name of Applicant:	Business E-Mail:
Applicant Mailing Address: (If Different Than Business Address)	Applicant phone: (If Different Than Business Phone)
	Applicant is:
	<input type="checkbox"/> Hauling Company Owner
	<input type="checkbox"/> Hauling operator
	<input type="checkbox"/> Other(specify) _____

## PART II. Business and Vehicle Information

Is this an existing business? <b>Yes / No</b>	Model/Make/Year of business vehicles																														
If yes, date operation began _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Vehicle Year</th> <th style="width: 20%;">Vehicle Make</th> <th style="width: 20%;">Vehicle Model</th> <th style="width: 20%;">Plate #</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Vehicle Year	Vehicle Make	Vehicle Model	Plate #	1.	_____	_____	_____	_____	2.	_____	_____	_____	_____	3.	_____	_____	_____	_____	4.	_____	_____	_____	_____	5.	_____	_____	_____	_____
	Vehicle Year	Vehicle Make	Vehicle Model	Plate #																											
1.	_____	_____	_____	_____																											
2.	_____	_____	_____	_____																											
3.	_____	_____	_____	_____																											
4.	_____	_____	_____	_____																											
5.	_____	_____	_____	_____																											
Number of people employed by this business _____																															

## PART III. License and Permit Information

UBI/Tax Number For more information see <a href="http://www.dol.wa.gov/business/faqlicense.html">http://www.dol.wa.gov/business/faqlicense.html</a>	
WUTC Carrier Permit Number (or copy of WUTC letter for exemption)	
Liability insurance amount associated with your WUTC CC permit (if applicable)	
USDOT Business License Number (intra-state transportation) (if applicable)	
WA State Dept of Ecology Transportation Certificate Number (REQUIRED)	
Other Permits and Numbers	

**Business Operation Statement (what are you going to do for your customers)**

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## PART IV. Solid Waste Characteristics

Type of Solid Waste Accepted	Estimated monthly volume for recycling/disposal	Waste collected from: •Own business •Other Businesses •Residence	Solid Waste facilities for recycling/disposal
Mixed municipal (General garbage, trash, rubbish, construction/demolition debris, bulky waste)			
Yard Waste			
Moderate Risk Waste (Paints, pesticides, automotive products, fuels, all liquid and solid chemicals, batteries)			
Recyclable Materials (Glass, plastic, metal, paper, cardboard, wood)			
Other (Please Specify)			

Is any waste being stored at the business site? Yes/No. If yes, please explain.

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## PART V. Permit Content

The Kitsap County Health District's Solid Waste Handling Permit is issued in accordance with the provisions of Kitsap County Board of Health Ordinance 2010-1 "Solid Waste Regulations." Through the permitting process, the business will be required to operate in accordance with their annual solid waste handling permit or the said permit must be so modified with the approval of the Health District. In order to meet your businesses specific needs, the final permit will be drafted and made available to you for review after the District has received all applicable information.

## PART VI. Signature and Verification of Applicant

**Signature of Responsible Individual:** the individual responsible for implementing the requirements under Washington law for this company must sign the registration form.

I certify to the best of my knowledge, the information contained on this form is accurate and complete and that my company is in compliance with ALL applicable state laws and regulations.

Print Name

Signature

Date