

Commercial Building Clearance Application

For Onsite Sewage Disposal & Drinking Water Supply

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

SITE INFORMATION
Business Name
Street Address, Suite or Building Number
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION
Applicant
Mailing Address
Contact Email
Phone Number

SEWAGE DISPOSAL METHOD & WATER SOURCE	
Sewage Disposal Method: <input type="checkbox"/> Individual Septic System <input type="checkbox"/> Shared/Community Septic System <input type="checkbox"/> Public Sewer <input type="checkbox"/> Large Onsite Sewage System <input type="checkbox"/> Holding Tank	Water Source: <input type="checkbox"/> Individual Private Drilled Well <input type="checkbox"/> Two-Party Private Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Public Water – Water Supply Name _____

PROPOSAL
Describe the project in detail. For complex projects, please attach a detailed business plan detailing all activities and processes that are proposed. Water use data, number of employees, hours of operation, menu and any other relevant data will be required.

APPLICANT ACKNOWLEDGEMENT		
I certify that (1) the information contained in this application is true and accurate to the best of my knowledge and (2) the application represents my intended use of this property.		
Name	Signature	Date