Santa Barbara County PUBLIC Health DEPARTMENT

Environmental Health Services
225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 FAX (805) 681-4901
2125 S. Centerpointe Pkwy. #333, Santa Maria, CA 93455-1340 (805) 346-8460 FAX (805) 346-8485

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION

SYSTEM ABANDONMENT - $301 (PE# 4217)

ON#:_____

OWTS SITE LOCATION

Address: _____

Street Number and Name City State / Zip Code

Assessor's Parcel Number (APN): ___ ___ ___ – ___ ___ ___ – ___ ___ ___

OWNER INFORMATION

Owner Name (Required): _____

Owner Mailing Address: _____

Street Number and Name City State/ Zip Code

Owner Email Address: _____ Primary Phone (____) _____

Complete this section if the project coordinator is other than the OWTS system owner (e.g., Contractor, Architect, Engineer).

Project Coordinator/Certified Professional Name: _____

Mailing Address: _____

Street Number and Name City State / Zip Code

Primary Phone: (____) _____ Email: _____

ABANDONMENT DETAILS

What is being abandoned? (*Check all that apply*)

☐ Septic Tank ☐ Hollow Seepage Pit ☐ Cesspool ☐ Seepage Pit ☐ Leaching Chamber

Check if applicable → ☐ Includes demolition of structure
→ ☐ Connection to public sewer

(Section 'A' or 'B' below must be completed <u>prior to the issuance</u> 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: _____