

# APPLICATION FOR SEWAGE DISPOSAL SYSTEM

APN \_\_\_\_\_

AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

810 COURT STREET • JACKSON, CA 95642-2132

(209) 223-6439 • Fax: (209) 223-6228 • ACEH@amadorgov.org

NO. \_\_\_\_\_

*To be completed by owner or authorized representative. Incomplete applications will not be accepted.*

NEW \$ \_\_\_\_\_  REPAIR \$ \_\_\_\_\_  TANK ONLY \$ \_\_\_\_\_  RE-EVALUATION \$ \_\_\_\_\_  CHANGE OF OWNER

Owner's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Location of Property \_\_\_\_\_

Subdivision \_\_\_\_\_ Unit \_\_\_\_\_ Lot No. \_\_\_\_\_ Lot Size \_\_\_\_\_

**Structure Served:** Single Family Dwelling  Multi Family Dwelling  Commercial or Other  Specify \_\_\_\_\_**Water Supply:** Well  Public \_\_\_\_\_ Other \_\_\_\_\_ Total Number of Bedrooms \_\_\_\_\_

I hereby certify that I prepared this application and that the installation will be done and inspected in accordance with Amador County ordinances and State laws. I understand that an incomplete application will not be processed. I hereby authorize representatives of this County to enter upon the work site for inspection purposes. All property boundaries and wells have been located and marked.

**PROPERTY OWNER/AGENT\*** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_**\*I AM AUTHORIZED TO ACT AS AGENT FOR THE PROPERTY OWNER(S). INITIAL HERE** \_\_\_\_\_**OWNER/AGENT:** *If application is being submitted by owner or authorized representative, please fill out this section.***OWNER-BUILDER DECLARATION** – I hereby affirm that I am exempt from the Contractor's License Law, Business and Professions Code.

(Section 7031.5) by one of the following:

- \_\_\_ **A.** I, as owner of the property, will do the work myself without hiring any employees and the building or structure is not intended or offered for sale. I certify that in the performance of the work for which this permit is issued; I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.
- \_\_\_ **B.** I, as owner, am contracting with local contractors to construct the project. (Section 7044)
- \_\_\_ **C.** I, as owner of the property, will employ workers with wages as their sole compensation.

**WORKER'S COMPENSATION INSURANCE** – I hereby affirm that I have a Certificate of Worker's Compensation Insurance:**POLICY NO** \_\_\_\_\_ **COMPANY** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

NOTICE TO APPLICANT: If after making this certificate, you should become subject to Worker Compensation provisions of the Labor Code, you must forthwith comply with Section 3700 of the Labor Code or the permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to Worker's Compensation Insurance Coverage and Contractors Licensing Provisions of the Business and Professions Code, and hereby authorize representatives of this county to enter upon the work site for inspection purposes.

**DATE** \_\_\_\_\_ **OWNER/AGENT** \_\_\_\_\_**LICENSED CONTRACTOR:** *If application is being submitted by contractor please fill out this section.***LICENSED CONTRACTOR'S DECLARATION** – I certify that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.**DATE** \_\_\_\_\_ **CONTRACTOR NAME** \_\_\_\_\_ **LICENSE CLASS & NO.** \_\_\_\_\_**WORKER'S COMPENSATION INSURANCE** – I hereby affirm that I have a Certificate of Worker's Compensation Insurance:**POLICY NO** \_\_\_\_\_ **COMPANY** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

I certify that I have read this application and state that the information submitted is correct. I agree to comply with all city and county ordinances and state laws relating to Worker's Compensation Insurance Coverage and Contractors Licensing Provisions of the Business and Professions Code, and hereby authorize representatives of this county to enter upon the work site for inspection purposes.

**DATE** \_\_\_\_\_ **LICENSED CONTRACTOR'S SIGNATURE** \_\_\_\_\_