MADERA COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMIT

WATER PROGRAM PROGRAM ELEMENT: _____

OWNER INFORMATION:

Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: ( ) _____ Work Phone: ( )_____

EMERGENCY CONTACT INFORMATION

Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: ( ) _____ Work Phone: ( )_____

FACILITY INFORMATION APN: _____

Water System Name: _____
Water System Number: _____
Number of Connections: _____ Number of people served: _____
Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Business Phone: ( ) _____
Manager: _____

Will there be a change of operation? ☐ Yes / No ☐
If yes, explain new operation: _____

Will any equipment be changed, moved, or added (well pump, storage tank, new well)? ☐ YES ☐ NO
If yes, submit a list of new equipment(s) or equipment(s) to be moved and plot plan.

RESPONSIBLE PARTY FOR BILLING: OWNER ☐ OPERATOR ☐

MAIL INVOICES TO: OWNER ☐ OPERATOR ☐ FACILITY ☐

MAIL CORRESPONDENCE TO: OWNER ☐ OPERATOR ☐ FACILITY ☐
e-mail _____

BILLING AND COMPLIANCE ACKNOWLEDGEMENT: I, the undersigned owner, operator or agent, acknowledge that all site specific Environmental Health Department hourly charges and annual health permit fees associated with this facility or activity will be billed to the party identified as the RESPONSIBLE PARTY FOR BILLING on this form. I also certify that all operations will be performed in accordance with all applicable Madera County Ordinance Code and/or Standards and State and/or Federal Laws.

APPLICANTS' SIGNATURE: _____ DATE: _____