



CITY OF SCOTTS VALLEY
 1 CIVIC CENTER DRIVE
 SCOTTS VALLEY, CA 95066
 (831) 440-5640

APPLICATION FOR SEWAGE DISPOSAL PERMIT

CHECK ONE: NEW _____ REPAIR _____ TANK REPLACEMENT _____

Project Address _____ APN # _____

Property Owner's Name: _____ Phone# _____

Owner's Address _____ City _____ Zip _____

Applicant Name _____ Phone# _____

Applicant's Address _____ City _____ Zip _____

Septic Tank Contractor _____ License# _____

Contractor Address _____ Phone # _____

TYPE OF BUILDING	WATER SUPPLY	LOT INFORMATION
Single Family Res. _____	Public Source _____	Date Recorded _____
Duplex _____	(Name) _____	Dimensions _____
Multiple Dwelling _____	Private Source _____	Depth of High Water _____
Other _____	(Type) _____	Table _____
Total Bedrooms _____	Feet from Disposal System _____	
Den _____		

DESIGN SPECIFICATIONS			
New _____	Deep Trench _____	Disposal Field _____	Seepage Pit _____
Repair _____	Length _____	Length _____	No. Of Pits _____
Addition _____	Flow Depth (2) _____	Width _____	Diameter _____
Tank size _____	Sq. Ft. _____	Sq. Ft. _____	Eff. Depth _____
(Gallons)			Sq. Ft. _____
Material _____	(TOTAL SQ. FT. _____)		

SOIL LOG:	Feet	Type	Special Conditions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information given is correct to the best of my knowledge _____

(Owner's Signature)

INSPECTIONS: Installation: _____ by: _____ Progress: _____ by: _____ Final: _____ by: _____
 (date) (initials) (date) (initials) (date) (initials)

DEPARTMENTAL APPROVALS - INTEROFFICE USE ONLY

BUILDING: Fee:\$ _____ COMMENTS: _____ DATE: _____ By _____

ID# _____ TOTAL FEES DUE:\$ _____ PERMIT # _____ RECEIPT# _____ DATE ISSUED _____