

Version: 02/28/2020

APPLICATION FOR OUTSIDE AREA SEWER

SAN-005

The following shall be completed by the Applicant to provide the necessary information for Permit Sonoma to determine if the property in question can receive sanitary sewer service from a Sonoma County Sanitation District or Zone. Permit Sonoma staff will determine if the property in question can be annexed to a County sanitation district or zone, or be served by an Outside Service Area Agreement with a County district or zone. The decision to provide sanitary sewer service will be made by the Board of Directors of the particular sanitation district or zone. More Information

APPLICANT (CONTACT PERSON) Name Mailing Address									
					City/Town State/Zip		City/Town	State/Z	<u> </u>
					Phone	Fax	_ Phone	Fax	
Email		Email							
Signature Date		Signature	Date						
OTHER PERSONS TO B	E NOTIFIED (Specify: Other Owne	r(s), Agent, Lender, Arch	itect, Engineer, Surveyor)						
			Name						
Mailing Address	Mailing Address		Mailing Address	Mailing Address					
City/Town State/Zip	City/Town State	/Zip	City/Town State/Zip	City/Town State/Zip					
Phone & Fax	Phone &Fax		Phone & Fax	Phone & Fax					
Email	Email		Email	_ Email					
PROJECT INFORMATIO	DN								
Site Address		City/Town							
Site Assessor's Parcel Number(s)		Acreage							
Reason for Requesting Sewe	r Service								
Site Served by Public Water? Yes No		_ Number of buildings	Number of buildings to be connected to sewer?						
To Be Completed	BY PERMIT SONOMA STAF	F F							
Sanitation District or Zone		Supervisorial District:							
Commercial/Industrial Uses: (Enter numbers where applicable)		Current Use:							
Bldg. sq. ft. Existing: Proposed:		Existing Employees:	Existing Employees: New Employees:						
Violation? Yes No		Previous Files:							
Application accepted by			Date						