



**USE PERMIT MONITORING SELF SURVEY**

**CDE-008**

Name of Business (es) \_\_\_\_\_

Owner's Name \_\_\_\_\_

Tenant(s) \_\_\_\_\_

Business Site Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Tenant's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Business (es) \_\_\_\_\_

Use Permit Number \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Please complete the following information entirely in order to assist the Department in evaluating compliance with the use permit conditions.

1. Please describe any expansion of use, increased production or operational changes to the business since the approval of the use permit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. How many full time and part time employees are currently employed on site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Is the business operated in shifts? Yes No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Please describe any new processing equipment that has been installed since the use permit was approved.

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- 3. What chemicals are used (E.G.: oil, solvents, acids, paint, compressed gases etc.) for operation of the business?

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- 4. Please describe any new buildings construction or modifications (tenant improvements) that have been made to existing buildings since the approval of the use permit. Please provide a map of the buildings/modifications where was approved with use permit.

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- 5. Please describe any changes made to the water supply source or storage since the approval of the use permit.

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- 6. Please describe any changes or alterations to the septic/sewer disposal system since the approval of the use permit.

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- 7. Please describe the frequency and actions taken to maintain on-site drainage (such as cleaning out debris from drainage courses removing over growth in open swales ditches or channels, cleaning out inlets).

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- 8. Please describe the changes in use of buildings associated with the business changed since the use permit was approved (E.G.: from storage to manufacturing, from a small deli to fast food restaurants etc.)

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- 9. Please describe any processing other than what was approved in the use permit conducted on-site (E.G.: composting, mixing, treating, blending etc.)

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- 10. If the business uses chemicals, please submit a copy of the most current approved hazardous materials/hazardous waste permit. If no permit is required for the business, please explain if under the threshold limits.

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- 11. Please estimate the amount of deliveries and traffic generated on a daily basis for the business.

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12. Please describe what handicap accessibility requirement modifications have been done to the business building and parking areas.

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13. If you have any questions regarding your use permit conditions, please list them clearly below.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

Owner/Operator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL COMPLETED FORM TO:**  
**County of Sonoma**  
**Permit Sonoma Code Enforcement Division**  
**2550 Ventura Avenue**  
**Santa Rosa, CA 95403-2829**