COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

CONDITIONAL PRIVATE SEWAGE DISPOSAL PERMIT

Property Owner ________________________________
Property Address ________________________________
Parcel Number ________________________________
Permit Number ________________________________

On this date ____________________________ a permit was applied for at the Permit and Resource Management Department for ________________________________ as a condition of issuance, ________________________________

Dated:____________________________ Conditions accepted by Property Owner(s):

________________________________________
________________________________________

STATE OF CALIFORNIA )
) ss
COUNTY OF ____________________

On ____________________________ before me, ________________________________

Notary Public, personally appeared, ________________________________ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ____________________________________ (SEAL)

Form B

(Attachment to Policy 1-4-1)