



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

LAND USE APPLICATION

OFFICE USE ONLY

Receipt #	Check #	Credit Card Approval #	PE CODE:	FEE:
			LAT:	LONG:
Use of Permit:				ON:
Access Info:		Presite Notes:		

PROJECT INFORMATION

TR/PM	LOT #	PERMIT #	CITY PROJECT	APN
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PRIMARY CONTACT	Name	E-mail
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PROPERTY INFORMATION	Street Address	City	Zip Code
	Water Agency/Well	Lot Size	

PROPERTY OWNER	Name		
	Street Address	City	Zip Code
	Phone	E-mail	

AGENT/ CONTRACTOR	Company Name	Contact	
	Street Address	City	Zip Code
	Phone	E-mail	

Owner/Representative Declaration: I certify that I have read the entire application and state that the above information is correct. I understand the amount of fees paid is based on my declaration of information on this form, and that incorrect information is grounds for denial of the project.

Signature (Applicant/Representative): _____ **Date:** _____

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SUBMITTAL CHECKLIST	
Required at applicant's expense:	Received:
<input type="checkbox"/> OWTS Report (1 original)	<input type="checkbox"/>
<input type="checkbox"/> Detailed Contour Plot Plan (3 original sets)	<input type="checkbox"/>
<input type="checkbox"/> Floor Plan and/or Plumbing Layout (1)	<input type="checkbox"/>
<input type="checkbox"/> Certification of Existing OWTS	<input type="checkbox"/>
<input type="checkbox"/> Well Final/Evaluation <input type="checkbox"/> Flow Test	<input type="checkbox"/>
<input type="checkbox"/> Established Water Connection <input type="checkbox"/> Established Sewer	<input type="checkbox"/>
<input type="checkbox"/> Building & Safety Stamped Acceptance Plan with Permit Number (1 set)	<input type="checkbox"/>
<input type="checkbox"/> Precise Grade Plan <input type="checkbox"/> "No Grade" Letter	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>

NOTES

PROJECT STATUS

This application is approved regarding the design of the OWTS as indicated on the accompanied plot plan using the requirements set forth above. No construction is permitted in the required, reserved 100% expansion area. System must meet requirements set forth in the Department's Local Agency Management Program (LAMP) and any applicable codes. Approvals are valid for one (1) year from date of signature.

REHS Signature:	Date:
<input type="checkbox"/> Plan Check Only	

