



County of Santa Cruz

Health Services Agency ♦ Environmental Health



701 Ocean Street, Room 312, Santa Cruz, CA 95060
(831) 454-2022 TDD/TTY -Call 711 www.sceeh.com
EnvironmentalHealth@santacruzcounty.us

Environmental Cleanup Program Application for Environmental Review

Requesting Party Information:					
Name:					
Mailing Address:					
City:		State:		Zip:	
Phone #:		E-mail Address:			

Property Owner Information:					
Name:					
Mailing Address:					
City:		State:		Zip:	
Phone #:		E-mail Address:			

Consultant Information:					
Name:					
Mailing Address:					
City:		State:		Zip:	
Phone #:		E-mail Address:			

Project Information:					
Name:					
Mailing Address:					
City:		State:		Zip:	
Phone #:		E-mail Address:			
Parcel Number(s):					
Number of acres of project property(s):					

Please note that in accordance with Santa Cruz County Code Chapter 7.100 (Hazardous Materials/Hazardous Waste/Underground Storage Tanks), which allows the Health Officer to recover costs for oversight of hazardous materials issues, our agency will invoice the Requesting Party for our time spent on this project.

Requesting Party Signature: _____ Date: _____