



# 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 <http://www.sceeh.org>  
[Landuse@santacruzcountyca.gov](mailto:Landuse@santacruzcountyca.gov)

### SEPTIC TANK DESTRUCTION PERMIT APPLICATION

|   |                        |                               |                        |
|---|------------------------|-------------------------------|------------------------|
| Site Address  |                        | APN                           | Permit No.             |
| Property Owner  |                        | Property Owner's Phone Number | PE #                   |
| Property Owner's Email Address:                                   |                        | Additional Phone Number:      | IN #                   |
| Property Owner's Mailing Address:                                 |                        |                               | FA #                   |
| Contractor:   |                        | License No. & Class:          | Contractor's Phone No: |
| Contractor's Email:   |                        |                               |                        |
| Registered Consultant Name, Address, Phone Number, Email Address: |                        |                               |                        |
| Material of Tank:   | Method of destruction: |                               |                        |

**BUILDING TYPE:**

Single family dwelling                      Multi-family dwelling                      Commercial                      Other:

**REASON FOR DESTRUCTION:**

Connection to sewer                      Rectify red tag                      Building permit                      Found abandoned

**SANITARY SEWER CONNECTION PERMIT:**

NO                      YES                      Permit No.

**WORKER'S COMPENSATION CERTIFICATE:**

(One of the following must be completed)

1. A current certificate of Workers' compensation Insurance coverage is on file with Santa Cruz County.
2. I certify that in the performance of the work for which this permit will be issued I shall not employ any person in any manner to become subject to the Worker's Compensation laws in California.

**TERMS OF PERMIT:**

I hereby certify that the above information and submitted plans are true and correct and that the proposed work shall comply with all permit conditions and applicable laws, ordinances, standards, and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final sign off, and obtain written approval prior to deviating from the approved permit.

|                          |      |
|--------------------------|------|
| Property owner signature | Date |
| Contractor signature     | Date |

|              |       |                  |             |
|--------------|-------|------------------|-------------|
| Approved By: | Date: | Expiration Date: | Final by:   |
| Supervisor:  | Date: | Inspection Date: | Final Date: |

|                       |
|-----------------------|
| Conditions of Permit: |
|-----------------------|

Please schedule inspections by emailing your request, *with the APN in the subject line*, to [Landuse@santacruzcountyca.gov](mailto:Landuse@santacruzcountyca.gov).