

Application Fee: Paid  Waived  None

**ENVIRONMENTAL HEALTH CLEARANCE TO APPLY FOR BUILDING PERMIT FOR RURAL PROPERTIES**  
**\*THIS IS NOT A PERMIT\***

**TO BE COMPLETED BY APPLICANT:**

_____	_____	_____
Date	Assessor's Parcel Number	Construction Site Location
_____	_____	_____
Applicant's Name	Owner's Name	Applicant's Phone Number
_____		
Mailing Address		

**PROPOSED PROJECT**

**ENVIRONMENTAL HEALTH REQUIREMENTS:(SEE BELOW)**

- |   |         |
|---|---------|
| <input type="checkbox"/> New Residence  | 1,(2),5 |
| <input type="checkbox"/> Affordable Second Dwelling   | 3,(4),5 |
| <input type="checkbox"/> Accessory Habitable Structure/Guest House (No Kitchen)   | 3,(4),5 |
| <input type="checkbox"/> Replacement of Structure   | 3,(4),5 |
| <input type="checkbox"/> Reconstruction of Destroyed Residence; Date Destroyed _____<br>(Provide documentation of catastrophe)  | 3,(4),5 |
| <input type="checkbox"/> Remodel Increasing Number of Bedrooms and/or an addition of<br>more than 500 sq. ft. of floor area. Proposed Total Bedrooms _____  | 3,(4),5 |
| <input type="checkbox"/> Remodel with a one-time addition of 500 square feet or less with no bedroom increase   | 3,5     |
| <input type="checkbox"/> Other _____  | _____   |
| <input type="checkbox"/> Simple foundation replacement with no change in footprint, wiring, plumbing, roofing, interior remodeling with no increase in bedrooms, and/or exterior remodeling with no change in footprint | _____   |

Applicant's Signature \_\_\_\_\_

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**TO BE COMPLETED BY ENVIRONMENTAL HEALTH STAFF: ADDITIONAL FEE REQUIRED \$ \_\_\_\_\_**

**ENVIRONMENTAL HEALTH REQUIREMENTS**

<b>MAXIMUM NUMBER OF BEDROOMS ALLOWED _____</b>	<b>Permit #</b>	<b>Approved:</b>	<b>Denied:</b>
<input type="checkbox"/> 1 Individual Sewage Disposal Permit — New	_____	_____	_____
<input type="checkbox"/> 2a Individual Water System Permit	_____	_____	_____
<input type="checkbox"/> 2b Connection to Existing Water System: _____	_____	_____	_____
<input type="checkbox"/> 3 Evaluation of Existing Septic System	_____	_____	_____
<input type="checkbox"/> 4 Individual Sewage Disposal Permit-Repair/Upgrade	_____	_____	_____
<input type="checkbox"/> 5 No construction over septic system or in expansion area. _____	_____	_____	_____

ADDITIONAL CONDITIONS OR REMARKS: \_\_\_\_\_

This Clearance is granted subject to the conditions specified above and in approved Environmental Health permits. Building plans submitted with the building permit application must be in compliance with those conditions and with the above project description. Applications not in compliance will be denied by Environmental Health.

- Clearance to Apply for Building Permit Approved - Application Review and Clearance Valid Until \_\_\_\_\_
- Environmental Health Requirements Cannot Be Met - Clearance Denied (Date)
- Environmental Health Clearance not required per Section 7.38.080B(6).
- Compliance with Environmental Health requirements not yet determined-owner applies for Bldg. Permit at own risk.

By \_\_\_\_\_ Date: \_\_\_\_\_  
Environmental Health Staff