



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

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DIRECTOR

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Planning Pre-Application Review

(Additional fees may be required. Fees will be applied toward formal application if submitted)

File # _____

General Information

Applicant:	
Mailing Address:	
Phone Number:	
Owner:	
Mailing Address:	
Phone Number:	
Site Location:	Assessor's Parcel #:
Zoning:	Flood Zone:
Acreage:	Williamson Act: Y / N (select one)

The following items *must* be submitted with application:

- ___ Detailed Project Description
- ___ Assessor's Parcel Page
- ___ Site Plan and Illustration of Proposal (show access, building sizes, etc.)

Signature of Applicant _____ **Date** _____

For Staff Use Only

Proposed Project/Requested Action: _____

Staff comments regarding Pre-Applications will be provided to the applicant in writing, are advisory in nature, and are intended to identify potential project issues. Pre-Application opinions by staff may not be valid beyond 6 months from the date of pre-application depending on changes in circumstances, regulations, policy, etc.



COUNTY OF YOLO COUNTY

Department of Community Services

Environmental Health Division

292 W. Beamer Street, Woodland CA 95695

Phone: (530) 666-8646 Fax: (530) 669-1448

ENVIRONMENTAL HEALTH LAND USE REVIEW SURVEY

A building or business license application may require a review from Yolo County Environmental Health (YCEH) to ensure the compliance with County, State and Federal laws and regulations. Please complete this survey and answer questions pertaining to each YCEH unit and submit it as part of your complete application.

Site address:	City:	Zip code:
Existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of business:	
Property and/or owner of business name:		
Phone number:	Email:	
Mailing address:	City:	Zip code:

Project Description: _____

Please answer the questions below pertaining to different units in Environmental Health to the best of your knowledge:

For Land Use Unit

1. Will your building or facility use a well for your drinking water source? Yes No
2. Will your building or facility use an onsite wastewater treatment system (i.e. septic system)? Yes No
3. Will your building or facility generate waste tires onsite? Yes No
4. Will your building or facility haul 10 or more waste tires at one time? Yes No
5. Will your building or facility conduct solid waste related operations including chipping, grinding and composting?
 Yes No
6. Are there unused septic tanks and/or wells on this site? Yes No

For Consumer Protection Unit

1. Will your building or facility store, prepare, package, serve, vend, or otherwise provide food for human consumption at the retail level? Yes No (*"Retail" means the storing, preparing, serving, manufacturing, packaging, transporting, salvaging, or otherwise handling food (any edible substance incl. beverage and ice) for dispensing or sale directly to the consumer or indirectly through a delivery service.*)
2. Will your building or facility have a public pool/spa? (A public pool/spa includes but is not limited to pools/spas located at hotels, motels, apartments, schools, health clubs etc.) Yes No
3. Will your building or facility be used for tattooing, body piercing or permanent cosmetics? Yes No

For Hazardous Materials Unit

1. Will your building or facility handle or store any hazardous materials (a hazardous material is a chemical that is flammable, corrosive, reactive or toxic)? Yes No
2. Will your building or facility generate hazardous materials waste (i.e. used oil)? Yes No
3. Are there unused/abandoned hazardous materials storage containers on this site? Yes No

**** Please turn over to complete and sign form ****

If you answered "yes" to Hazardous Materials question #1 or #2, please complete questions 1-10 below. Otherwise, you can skip the following questions:

1. Will your commercial facility handle any hazardous materials in quantities greater than 500 pounds, 55 gallons or 200 cubic feet of compressed gas? Yes No

2. Will your commercial facility repair or maintain motor vehicles or motorized equipment? Yes No
If yes, will your facility handle any of the following?
Motor oil Yes No Gasoline Yes No Grease Yes No
Antifreeze Yes No Hydraulic Oil Yes No Diesel Yes No

4. Will your commercial facility have an above ground storage tank (AST?) Yes No

5. Will your commercial facility sell motor vehicle fuel? Yes No
If yes, will your commercial facility have an underground storage tank (UST?) Yes No

6. Will your commercial facility engage in welding operations? Yes No
If yes, will your commercial facility handle more than one cylinder of acetylene, oxygen, shielding or other welding gases? Yes No

6. Will your commercial facility operate forklifts? Yes No
If yes, will your facility store more than one extra cylinder of propane? Yes No

7. Will your commercial facility store batteries with 55 gallons or more of acid? Yes No

8. Will your commercial facility engage in photography? Yes No
If yes, will your commercial facility generate photographic waste fluid? Yes No

9. Will your commercial facility engage in x-ray processing? Yes No
If yes, will your commercial facility generate x-ray processing waste fluid? Yes No

10. Will your facility handle yard trimmings, untreated wood wastes, natural fiber waste, or construction and demolition wood waste? Yes No
If yes, are these materials managed in a way which would allow them to reach 122 degrees Fahrenheit? Yes No

If you answered "yes" to any of the above questions under hazardous materials unit, you may be required by State law to submit a Hazardous Materials Business Plan to YCEH. Failure to comply with this requirement could result in fines of up to \$2,000.00 per day. As of January 1, 2013, business plans must be filed by going to the California Environmental Reporting System (CERS) website (<http://cers.calepa.ca.gov>), creating an account, entering required hazardous materials information, and submitting the information for approval by YCEH. For assistance with CERS submittal, please call our office at (530) 666-8646 and ask to speak with a hazmat specialist.

I hereby certify that the information in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____