COUNTY OF YOLO
Department of Community Service

Environmental Health Division
292 W. Beamer Street Woodland CA 95695
Phone: (530) 666-8646 | Email: ehealth@yolocounty.org

REQUEST FOR SERVICE: LAND USE

Check Service You Are Requesting:

☐ Well Permit Renewal/Extension *(4117)*   ☐ Building Permit Review *(2624)*
☐ Septic Permit Renewal/Extension *(4219)*   ☐ Private Well Evaluation *(4116)*
☐ Septic System Evaluation *(4215)*   ☐ Other:_____

Property Site Address:		APN:
Property Owner(s):		
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:

Person Requesting Service:		Title:
Phone Number:	Email:	

IF RENEWING OR EXTENDING A PERMIT, PLEASE READ:

- Renewal permit requests shall be submitted <u>prior to</u> permit expiration and shall have <u>no changes</u> to the originally issued permit.
- Permits may be subject to additional requirements from the originally issued permit. Additional information may be requested/required.
- Additional fees may apply - Please understand that YCEH time spent exceeding the up-front cost of this request may result in additional time charged/billed to the property owner at an hourly rate.

By signing this agreement, I am responsible to ensure that required fees are paid, and I have the authority and acknowledgement from the property owner and all responsible parties to request these services. I hereby certify that the information in this document is true and correct to the best of my knowledge.

Requestor Signature: _____ Date:_____

For Office Use Only

Renewal Approved by: _____Date Approved:_____

Well or Septic Permit #: _____ Routed to YSGA? *(ag wells only)* ☐ Yes ☐ N/A

New Expiration Date: _____ Condition(s) of Approval: _____

Renewal Denied: Date: _____   Reason: _____