FOR OFFICE USE ONLY		
DATE RECEIVED:	RECEIVED BY:	
FEES PAID: EHPLN <u>\$159.00</u>	STAFF ASSIGNED:	
RECEIPT #:	CHECK # or CC:	
FACILITY ID:	SR # / PE:	

DEPARTMENT OF COMMUNITY SERVICES

DIVISION OF ENVIRONMENTAL HEALTH 292 West Beamer Street, Woodland, Ca 95695 Telephone: 530-666-8646 • Fax 530-669-1448 Environmental.health@yolocounty.org



	Deviation from Standard			
PROPERTY OWNER INFORMATION				
Site Address:	City/State:	Zip Code:		
Assessor's Parcel Number:	Parcel Size (acres):	I		
Property Owner(s):	Phone Number:			
Mailing Address (if different than above):	City/State:	Zip Code:		
Email:				
APPLICANT INFORMATION	Property Owner			
Contact Name/Title:	Phone Number:			
Email:				
 ☐ A signed and stamped site specific engineering ☐ Written concurrences from the following agenci engineer shall receive verbal concurrences and their final report. ○ Central Valley Flood Protection Board (○ Department of Water Resources (DWR) ○ United States Army Corps of Engineers ○ Local Reclamation District (RD) 	es. If a written concurrence include the agencies' co CVFPB)			
certify that the submitted information and the atta o file this request. I understand that an hourly rate our will be paid at the time of request submittal, a	will be charged for rev	iew of this request; the first		
certify that the submitted information and the atta o file this request. I understand that an hourly rate our will be paid at the time of request submittal, a eview will be billed to the owner.	will be charged for rev	iew of this request; the first		
certify that the submitted information and the atta of file this request. I understand that an hourly rate our will be paid at the time of request submittal, a eview will be billed to the owner. Applicant Signature/Title	will be charged for rev	iew of this request; the first (s) needed to complete the		
certify that the submitted information and the atta of file this request. I understand that an hourly rate our will be paid at the time of request submittal, a eview will be billed to the owner. Applicant Signature/Title	e will be charged for revi and any additional hour blete - Sent to Planning	iew of this request; the first (s) needed to complete the Date		
certify that the submitted information and the atta of file this request. I understand that an hourly rate four will be paid at the time of request submittal, a eview will be billed to the owner. Applicant Signature/Title Office Use Only: YCEH Application Review: Application Comp	e will be charged for revind any additional hour(blete - Sent to Planning, REH pproved □ Levee Set	iew of this request; the first (s) needed to complete the Date Date Date:		