

COUNTY OF SONOMA DEPARTMENT OF EMERGENCY SERVICES  
2300 COUNTY CENTER DRIVE, SUITE 221A, SANTA ROSA, CA 95403  
707/565-1152 PHONE 707/565-1172 FAX

Amount paid \_\_\_\_\_  
Date paid \_\_\_\_\_  
Check/receipt # \_\_\_\_\_

**APPLICATION FOR PERMIT TO:**

PERMIT# \_\_\_\_\_

Pressure loss detector test       Tank piping integrity test       Renewal/Extension       Closure  
 Clearance       New/Replacement       Repair/Modify (leak detection, product lines, etc)

**THIS PERMIT MUST BE SIGNED BY THE PRIMARY CONTRACTOR**

FACILITY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

ASSESSOR'S PARCEL # \_\_\_\_\_ FIRE DISTRICT \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

OPERATOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PRIMARY CONTRACTOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

LICENSE TYPE & # \_\_\_\_\_ DATE \_\_\_\_\_ WORKERS COMP POLICY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

SUBCONTRACTOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

LICENSE TYPE & # \_\_\_\_\_ DATE \_\_\_\_\_ WORKERS COMP POLICY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

**TERMS OF PERMIT**

**APPLICANT AGREES THAT:**

- 1) Dept. of Emergency Services Fire Inspector will be notified at least 48 hours prior to commencing work.
- 2) Any deviation from approved plan/permit without prior approval of the Director of Emergency Services will be cause for stopping work until the changes are fully justified and approved.
- 3) This permit is subject to revocation if found to be in nonconformance with Sonoma County Code or standards of the Dept. of Emergency Services
- 4) I, the undersigned applicant, hereby authorize \_\_\_\_\_ to release any and all analytical results, geotechnical data and site assessment information to the County of Sonoma Dept. of Emergency Services as soon as it is available and is provided to me or my representative.
- 5) Primary contractor shall subcontract only as provided by the requirements of the Business & Professions Code and those requirements of the Contractor's Licensing Board.
- 6) Are you claiming agricultural exemption from operating permit requirements for the underground storage tanks?  
\_\_\_\_ Yes \_\_\_\_ No
- 7) Additional items \_\_\_\_\_

It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation is made by the County of Sonoma, Dept. of Emergency Services. I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County ordinances and State laws regulating underground storage tanks. This permit shall expire by limitation if work authorized is not commenced within 365 days.

\_\_\_\_\_  
Signature of Primary Contractor

\_\_\_\_\_  
Date

PLAN APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT FINAL BY \_\_\_\_\_ DATE \_\_\_\_\_

**NOT TRANSFERABLE WHEN APPROVED, THIS IS YOUR PERMIT SEE REVERSE SIDE**

NOTE:

- 1) A permit issued by the California Division of Occupational Safety & Health is required for certain types of excavations, trenches, construction and demolition work, and the local office should be contacted for permit requirements.
- 2) Contact either the Bay Area Air Quality Management District at 415/771-6000 or the Northern Sonoma County Air Pollution Control District at 707/433-5911 of construction activities will produce vapors which will be discharged to the air (ten days written notice is required).
- 3) The application for renewal of a permit or extension of an installation, construction, modification, abandonment or provisional permit shall be made at least thirty (30) days prior to expiration of such permit. If a timely application and fee have been submitted, the permit shall remain in effect until the Director has determined whether to grant, deny or modify such permit and any administrative appeal pursuant to this chapter has been exhausted.