Application for Outside Area Sewer

SAN-005

The following shall be completed by the Applicant to provide the necessary information for the Permit and Resource Management Department (PRMD) to determine if the property in question can receive sanitary sewer service from a Sonoma County Sanitation District or Zone. PRMD staff will determine if the property in question can be annexed to a County sanitation district or zone, or be served by an Outside Service Area Agreement with a County district or zone. The decision to provide sanitary sewer service will be made by the Board of Directors of the particular sanitation district or zone.

Applicant (Contact Person):

Name

Mailing Address

City/Town State/Zip

Phone Fax

email

Signature Date

Owner, if other than Applicant:

Name

Mailing Address

City/Town State/Zip

Phone Fax

email

Signature Date

Other Persons to be Notified: (Specify: Other Owner(s), Agent, Lender, Architect, Engineer, Surveyor)

Name

Mailing Address

City/Town State/Zip

Phone Fax

email

Name

Mailing Address

City/Town State/Zip

Phone Fax

email

Name

Mailing Address

City/Town State/Zip

Phone Fax

email

Project Information:

Site Address City/Town

Site Assessor's Parcel Number(s) Acreage

Reason for Requesting Sewer Service

Site Served by Public Water? ☐ Yes ☐ No Number of buildings to be connected to sewer? _____

---------- ❦ **DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff** ❦ ----------

Sanitation District or Zone _____ Supervisorial District: _____

Commercial/Industrial Uses: (Enter numbers where applicable) Current Use: _____

Bldg. sq. ft. Existing:_____ Proposed:_____ Existing Employees: _____ New Employees:_____

Violation? ❑ yes ❑ no

Previous Files: _____

Application accepted by _____ Date _____

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1103