



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

CONDITIONAL PRIVATE SEWAGE DISPOSAL PERMIT

Property Owner _____
Property Address _____
Parcel Number _____
Permit Number _____

On this date _____ a permit was applied for at the Permit and Resource Management Department for _____ as a condition of issuance, _____

Dated: _____ Conditions accepted by Property Owner(s): _____

STATE OF CALIFORNIA)
COUNTY OF _____) **ss**
_____)
_____)

On _____ before me, _____

Notary Public, personally appeared, _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)

Form B