



Government Center 915 8th Street, Suite 123
 Marysville, California 95901-5273
 (530) 749-5450 Fax (530) 749-5454

SERVICE REQUEST FORM

| | | |
|---|---|--|
| <input type="checkbox"/> SOIL MANTLE | <input type="checkbox"/> SEPTIC APPLICATION | <input type="checkbox"/> SEPTIC TANK DESTRUCTION |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> WELL APPLICATION | <input type="checkbox"/> WATER SAMPLE REVIEW |
| <input type="checkbox"/> PLAN CHECK/REVIEW: | <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL | <input type="checkbox"/> OTHER: |

| | | | |
|-------------------------------|--|----------------------------|--|
| Site Location | | | |
| Nearest cross street | | Assessor's Parcel # | |
| OWNER INFORMATION | | | |
| Name | | Phone # | |
| Mailing Address | | | |
| Email | | | |
| CONTRACTOR INFORMATION | | | |
| Name | | Phone # | |
| Mailing Address | | | |
| Email | | | |
| ENGINEER INFORMATION | | | |
| Name | | Phone # | |
| Mailing Address | | | |
| Email | | | |

The base fee for this service has been calculated for the minimum number of hours of work multiplied by the hourly rate as determined by Chapter 13 of the Yuba County Fee Ordinance. The work on which the fee is based includes but may not be limited to file research, plan review, travel time, site review, and field inspections. The Yuba County Environmental Health Department will make every effort to keep the time spent within the hours covered by the base fee. However, due to the individual nature of each project, it may become necessary to spend additional time beyond that which is covered by the base fee. If additional time is necessary, I understand that I will be sent an itemized bill for that time in half-hour increments charged at the rate determined by the fee ordinance. I agree to pay all costs associated with this service or permit. Hourly rate services not covered by a base fee will be charged in half-hour increments at the rate determined by the fee ordinance (one-hour minimum) and must be paid at the time services are requested.

 Signature of responsible party

 Date

| FOR OFFICE USE ONLY | | | |
|----------------------------|-----------|------|-----|
| Fees Paid \$ | Invoice # | Date | SR# |