



**COUNTY OF EL DORADO
ENVIRONMENTAL MANAGEMENT DEPARTMENT**

Placerville Office
2850 Fairlane Ct., Bldg. C
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FAX (530) 621-7130

South Lake Tahoe Office
3368 Lake Tahoe Blvd., Suite 303
South Lake Tahoe, CA 96150
(530) 573-3450
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APPLICATION FOR SITE ASSESSMENT/REMEDIATION

Conduct Phase II Site Assessment

Perform On or Off Site Remediation

RESPONSIBLE PARTY INFORMATION			PROPERTY DESCRIPTION		
Business Name (if applicable):			Owner Name(s):		
Contact:			Contact:		
Mailing Address:			Site Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Email:		APN(s):		
CONTRACTOR INFORMATION			CONSULTANT INFORMATION		
Contractor:			Consultant*		
Mailing Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Contact:	Phone:		Contact:	Phone:	
License No.:	Email/Cell:		Email:	Cell:	

*Consultant information required for remedial action sites.

CERTIFICATION

I UNDERSTAND THAT FUTURE DEVELOPMENT PERMITS MAY NOT BE ISSUED UNLESS RECORDED LEGAL ACCESS TO THE PROPERTY CAN BE DEMONSTRATED.

I certify that I am the owner of the above-described property, or the authorized representative of such owner, and that all the information I have furnished is current and accurate to the best of my knowledge, and I intend to conduct the work as specified in the accompanied workplan. I understand that all work is to be done in accordance with County of El Dorado Ordinance, the California Health & Safety Code, the California Code of Regulations, and the conditions of the Permit Application, including any conditions which may be added or changed by EMD upon review of this Application and issuance of the Permit. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the permit regulations.

Authorized Signature	Date
Print Name	Title

Application Becomes Permit When Approved

<input type="checkbox"/> Approved	By	Date	Fee Paid (\$)	Date Received
<input type="checkbox"/> Denied				

