



Division of Environmental Health

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REQUEST FOR SERVICE – LAND USE PROGRAM

- Clearance Inspection (PE 2754) – Service Request \$ _____
- Cancellation of Notice of Nuisance (PE 2755) – Service Request \$ _____
- OWTS Permit Renewal – Permit has expired (PE 2714) – New Project \$ _____
- OWTS Permit Extension – 1 Extension Only (PE 2713) – New Project \$ _____
- Reserve Area Testing (PE 2716) – New Project \$ _____
- OWTS Permit Appeal Fee (PE 2715) – Service Request \$ _____
- Water Test and Collection (PE 2724) – Service Request \$ _____
- Conditional Release of Health Hold (PE 2753) – Service Request \$ _____
- Pre-Application (or In-Office Consultation) – Review – New Project \$ _____
- Other: _____ \$ _____

INFORMATION REQUIRED

Submitted by:	Assessor's Parcel Number:
Site Address: Street _____	City & Zip _____
Mailing Address: Street _____	City & Zip _____
Phone Number:	E-mail:

Signature: _____ **Signature Date:** _____

If paid by Credit Card*: Date and amount paid _____ Confirmation #: _____
 **Please fill out the information requested above if paid by credit card and attach a copy of the confirmation sheet with this application.

* FOR OFFICE USE ONLY *		O.P confirmed by:	
Amount Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:	Receipt number	Service Request / Project #:
\$ _____			
Service Completed By: _____		Signature Date: _____	