

County of Santa Clara
Department of Environmental Health – Solid Waste Program
1555 Berger Dr, Rm. 300, San Jose CA 95112
Phone 408-918-3400 Fax 408-280-6479

ENVIRONMENTAL HEALTH PERMIT APPLICATION

Owner Name _____
LAST NAME, FIRST NAME (if owner is a corporation list the name of the corporation)

DBA _____

Owner Address _____
Street #, Street Name, Type, Unit #, City St Zip

Other Businesses Owned _____

Owner Telephone (_____) _____ Fax _____ Cell _____

Third Mailing Address _____
Street #, Street Name, Type, Unit #, City St Zip

In Care Of _____

Facility Name _____ # of Employees _____

Facility Address _____
Street #, Direction, Street Name, etc. City St Zip

Facility Telephone _____ Fax _____ Cell _____

Billing Address – Select ONE: Owner Facility Third /Mailing

Care Of (Billing Office Or Person In Charge) _____

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit, is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above. PERMITS AND FEES ARE NOT TRANSFERABLE.

* _____
 Owner/authorized representative signature Title Date

Print Name _____

-DO NOT WRITE BELOW THIS LINE-

<input type="checkbox"/> New Owner	<input type="checkbox"/> New Facility	<input type="checkbox"/> New Program	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Facility Name Change	<input type="checkbox"/> Billing Address Change
Switch to New Owner Record #: _____		Switch to Existing Owner Record #: _____		Change of Status: _____	
Comments (explain change of status here) _____					

Application Approved By: _____ Emp# _____ Date: _____ Supervisor _____

Department of Environmental Health
Envision Data Input Document

FACILITY NAME _____
Current Owner ID# _____ New Owner ID# _____ Facility ID# _____
Related Record (Program) ID# _____ Permit ID # _____ Old A/R # _____
Switch μ New Owner # μ New Facility # μ Close (Inactive) Date _____ Account # _____

FACILITY

Census _____ City Code _____ SIC Code _____ Business Code _____ Business Type _____
[Vehicle Information] Lic# _____ VIN: _____ Make: _____ Yr: _____ Type: _____

HEALTH PROGRAM

Contact #1 Name _____ Title _____
Day Phone (____) _____ Ext _____ Night Phone (____) _____ Ext _____
Manager Name _____ Designated Employee _____ P/E _____
Current Status _____ Mail Permits/Letter To: _____ Discount Code: _____

GENERAL PERMIT **New Permit**

Permit Status _____ Permit Type _____ Permit is Valid From _____ To _____ Inspector Code _____

Permit Conditions and Descriptions: Add Conditions Modify Conditions Delete Conditions

Specialist Signature: _____ Date: _____ Supervisor _____

Entered Into Envision Date: _____ Support Staff _____

Business Code:	01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-StateAgency, 07-Federal Agency, 08-Pool HOA, 99-Unknown
City Code:	01-Palo Alto, 02-Los Altos, 03-Los Altos Hills, 04-Mountain View, 05-Cupertino, 06-Sunnyvale, 07-Santa Clara, 08-Milpitas, 09-Campbell, 10-Saratoga, 11-Los Gatos, 12-Monte Sereno, 13-San Jose, 14-Morgan Hill, 15-Gilroy, 16-County area, 18-Out-of-County, 19-Stanford, 20-San Martin, 21-Moffet Field
Business Type:	01-Food, 02-Recreation, 03-Hazardous Materials, 04-Hazardous Waste Gen, 05-Water, 06-Solid Waste, 07-Medical Waste, 08-Multi-Hazardous Materials, 10-Multi-programs, 99-Unknown, 71-Body Art, 72-LLEP
Current Status:	01-Active, 02-Inactive, 03-Temporarily inactive, 04-Active, exempt from billing
Permit Status:	21-Full permit, 08-Tank removed, 70 BA Temp Permit
Permit Type:	P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran
Mail Code:	01-Owner, 02-Facility, 03-Account