



## Well and Onsite Sewage Disposal Land Use Clearance

DEPARTMENT OF PLANNING AND BUILDING SERVICES

707 Nevada Street, Suite 5 · Susanville, CA 96130-3912

(530) 251-8269 · (530) 251-8373 (fax)

www.lassencounty.org

Form must be typed or printed clearly in black or blue ink. All applicable sections must be completed in full.  
Only attach additional sheets if necessary.

**The Planning and Building Services Department and the Environmental Health Division must both approve all permits for onsite sewage disposal or any type of well application. Completion and approval of this form is the first step toward issuance of a permit. Instructions for the completion of this form and instructions for the processing of any well or onsite sewage disposal application can be found on the associated process form.**

Property Owner/s		Agent (Contractor/Engineer) or Applicant	
Name:		Name:	
Mailing Address:		Mailing Address:	
City, ST, Zip:		City, ST, Zip:	
Telephone:	Fax:	Telephone:	Fax:
Email:		Email:	License #

Deed Reference: Book:	Page:	Year:	Doc#:
Physical Address:		Assessor Parcel Number(s):	
Type of application(s) being sought:		Type of use:	
<input type="checkbox"/> Well    ( <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement)		<input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Monitoring <input type="checkbox"/> Other:	
<input type="checkbox"/> Septic    ( <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement)		<input type="checkbox"/> Residential <input type="checkbox"/> Other:	
<input type="checkbox"/> Other:			

<b>SIGNATURE OF PROPERTY OWNER(S) OR AUTHORIZED CONTRACTOR: I HEREBY ACKNOWLEDGE THAT:</b> I have read this form and state that the information given is both true and correct to the best of my knowledge.	<b>*SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE</b> (Representative may sign form on behalf of the property owner only if Letter of Authorization from the owner/s is provided).
Date: _____	Date: _____
Date: _____	Date: _____

**LASSEN COUNTY PLANNING AND BUILDING SERVICES DEPARTMENT STAFF USE ONLY:**

- Zoning District: \_\_\_\_\_
- Flood Plain Information: \_\_\_\_\_
- Plot Plan Adequate (or waived until approval by Environmental Health Division and issuance of a permit)
- Incremental Development Proposed: Yes No Details: \_\_\_\_\_
- Parcel Size (acreage): \_\_\_\_\_
- Parcel Map/Subdivision Map: exclusion areas, designated leach field areas, etc. (attach Map if pertinent) \_\_\_\_\_
- Required Setbacks (if any portion located more than twelve inches above grade): \_\_\_\_\_
- Legal parcel per Subdivision Map Act section 66499.34 and County Code section 12.24.025: Yes    No  
Details: \_\_\_\_\_
- Other (easements, waste discharge prohibition areas, etc.) \_\_\_\_\_

Based on the above information, the applicant/property owner/contractor is eligible to submit an application for the use identified herein to the Environmental Health Division:

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

