

HEALTH PERMIT APPLICATION SEWAGE PUMPERS, GREASE PUMPERS, AND TOILET PUMPERS

STORAGE YARD APPROVAL

FOR STORAGE YARDS WITHIN KERN COUNTY ONLY

(Use additional sheet if more than one location.)

Property Owner:	_____		
Site Address:	_____		
	City	State	Zip
Mailing Address:	_____		
	City	State	Zip
Contact Name:	_____	Telephone:	_____
E-mail:	_____	(APN):	_____

Type of vehicle(s) being stored (check all that apply):

<input type="checkbox"/> Sewage Pumper	<input type="checkbox"/> Grease Pumper	<input type="checkbox"/> Toilet Rental Pumper	Number of Portable Toilets: _____
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<p>Do you plan to store pumped waste (septic waste, grease, portable toilet waste) on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has this method of storage been approved by your local Planning Department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Method of storage: _____	
Water source: _____	

I hereby certify, to the best of my knowledge, that the information given on this Storage Yard Approval form is true and correct. I grant permission to _____ for the purpose of storing sewage pumping vehicle(s) and or portable toilets on my property.

Property Owner's Signature:

Printed Name:

Date:

FOR OFFICIAL USE ONLY	
Date: _____	
Planning Zone: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by (print): _____	Signature: _____
Comments: _____	