

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 Company: _____
Site Address: _____
Mailing Address: _____
Telephone: _____ E-mail: _____
Assessor's Parcel Number (APN): _____

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

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

I hereby certify, to the best of my knowledge, that the information given on this Property Information 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 Company'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: _____	