



# ENVIRONMENTAL HEALTH

## LAND USE PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706

Telephone: (626) 430-5380 • Website: <http://www.publichealth.lacounty.gov/eh>



### SERVICE REQUEST APPLICATION

Please check the appropriate box for the type of service, provide the necessary information at the bottom of the form and include the required fee for the service being requested. **Please make the money order or check payable to Los Angeles County Department of Public Health.** Please do not mail cash with the application. The application and the fee paid are non-transferable.

<u>FEE REQUIRED</u>		<u>TYPE OF SERVICE</u>
<u>\$1,329.00</u>	<input type="checkbox"/>	PROJECT REVIEW (ONSITE WASTEWATER TREATMENT SYSTEM – NEW OR REPLACEMENT)
<u>\$1,727.00</u>	<input type="checkbox"/>	PROJECT REVIEW (NON-CONVENTIONAL ONSITE WASTEWATER TREATMENT SYSTEM – NEW OR REPLACEMENT)
<u>\$389.00</u>	<input type="checkbox"/>	ONSITE WASTEWATER TREATMENT SYSTEM EVALUATION – WITH VERIFICATION OF PRIOR SYSTEM APPROVAL
<u>\$454.00</u>	<input type="checkbox"/>	ONSITE WASTEWATER TREATMENT SYSTEM EVALUATION – WITH NO VERIFICATION OF PRIOR SYSTEM APPROVAL
<u>\$1,329.00</u>	<input type="checkbox"/>	PRE-COASTAL COMMISSION APPROVAL (ONSITE WASTEWATER TREATMENT SYSTEM)
<u>\$1,727.00</u>	<input type="checkbox"/>	PRE-COASTAL COMMISSION APPROVAL (NON-CONVENTIONAL ONSITE WASTEWATER TREATMENT SYSTEM)
<u>\$392.00</u>	<input type="checkbox"/>	POST COASTAL COMMISSION APPROVAL (ONSITE WASTEWATER TREATMENT SYSTEM OR NON-CONVENTIONAL ONSITE WASTEWATER TREATMENT SYSTEM)
<u>\$129.00</u>	—	HOURS EHS III/EHS IV HOURLY RATE CHARGE FOR ADDITIONAL REVIEWS OR INSPECTIONS

Job Address	City	Zip	Assessor Parcel Number (APN/AIN)
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Property Owner's Name	Address	City	Zip	Phone Number	E-mail Address
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Contractor's Name	Address	City	Zip	Phone Number	E-mail Address
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Qualified Professional's Name	Address	City	Zip	Phone Number	E-mail Address
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Return completed application and payment to the locations listed at the back. Note: the Calabasas Office does not process payments

Please contact the inspector listed below for questions regarding the application process.

INSPECTOR ASSIGNED:	FOR DEPARTMENT USE ONLY
PHONE #:	DATE RECEIVED:
E-MAIL ADDRESS:	SR# ASSIGNED:



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### PLAN SUBMITTAL CHECKLIST

Required Items	Yes	No
Application: Service Request (from website)		
Feasibility Report		
Fee \$ _____ Check payable to: Los Angeles County Department Public Health		
Floor Plan		
Grading Plan		
Plot Plan		
Cross Sectional View		
Report of Evaluation by a qualified contractor (Existing systems only)		
Source of Potable Water (Well Completion Report or Will Serve letter from water company)		

Plans will not be accepted until all required documents are received by the Land Use Program. Plans will not be reviewed until the fee is received.

Please call ahead for office hours when submitting plans at any of the following locations:

Environmental Health Headquarters  
 Land Use Program  
 5050 Commerce Drive  
 Baldwin Park, CA 91706  
 (626) 430-5380

Calabasas Office  
 Land Use Program  
 26600 Agoura Road, Suite 110  
 Calabasas, CA 91302  
 (818) 880-3410

Santa Clarita Office  
 Land Use Program  
 26415 Carl Boyer Drive, Suite 145  
 Santa Clarita, CA 91350  
 (661) 287-7018

Antelope Valley Office  
 Land Use Program  
 335-A East Avenue K-6  
 Lancaster, CA 93535  
 (661) 723-4549

Inglewood Office  
 Land Use Program  
 9800 S. La Cienega Blvd., Suite 850  
 Inglewood, CA 90301  
 (310) 338 - 3226