SANTA CRUZ COUNTY ENVIRONMENTAL HEALTH SERVICES 701 Ocean Street, Room 312, Santa Cruz, CA 95060 (831) 454-2022

OWNER-AGENT APPROVAL FORM

For persons other than the owner who wish to obtain a sewage disposal permit, the approval of the owner is required. (Original signature required)

Assessor's Parcel Number			Project Location						
Date			Signa	ature of ()wner				
Phone	: ()							
City:			10						
Owner Name Addre	-								
Owner:Name									
Phone	:			1 4					
City:					9	-			
Agent: Name Addre		_;							
. 37									

(NOTE: ONE OWNER_AGENT FORM WILL BE REQUIRED FOR EACH PERMIT)