



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

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LEAD REMEDIATION PERMIT APPLICATION

UNDERGROUND STORAGE TANK

Installation

Removal

Modification / Repair / Retrofit

In-Place Closure

Temporary Closure

CONTAMINATED SITE

Assessment

Remediation

HAZARDOUS MATERIALS STORAGE

New Installation

Modification / Repair

Closure

Facility Name: _____

Phone No. _____

Address: _____

APN _____ - _____ - _____

Operator: _____

Phone No. _____

Property Owner: _____

Phone No. _____

Business Owner: _____

Phone No. _____

Tank Owner: _____

Phone No. _____

Contractor DBA: _____

License Qualifier: _____

License No. _____

Expiration Date: _____

Consultant: _____

Phone No. _____

License No. _____

Expiration Date: _____

TANK OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

This document will serve as your permit with the authorized signature of the NCDEH Specialist and with a signed and valid Agreement to Pay form.

Remarks: _____

Site Inspection Date Prior to Issued Permit: _____

Date Permit Issued: _____

Work Plan Approved By: _____

Issued To: _____

Date: _____

PE: _____

Job No. _____

Fee: \$ _____

Amount Paid: \$ _____

Receipt No. _____