



# FINAL LAND USE APPROVAL APPLICATION

## PROJECT INFORMATION

Project Name (Current): \_\_\_\_\_

Previous Project Name (if applicable): \_\_\_\_\_

Current Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Tax Serial \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

/APN #(s): \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

County/City File#: \_\_\_\_\_

### WATER SUPPLY *(select one and provide selection details):*

- Municipal
- Community Well; # Homes served: \_\_\_\_\_
- Individual Well (list supply owner below): \_\_\_\_\_
- Irrigation Well

### SEWAGE SYSTEM *(select one and provide selection details):*

- Municipal/Public; Purveyor: \_\_\_\_\_
- On-site Sewage System

### APPROVAL TYPE *(To Submit this application, the applicant must provide an electronic or hardcopy of the final Mylar/site plan and Final Approval fee)*

- Mylar Signature
- Final Approval Letter

## APPLICANT INFO

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTACT INFO

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

### SIGNATURE *Applicant's signature verifies submitted information is accurate and CCPH permission to enter the site and non-residential building*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*ALL FEES ARE NON-REFUNDABLE; FEES MAY BE CHANGED WITHOUT NOTICE BY BOARD OF HEALTH\*\***

FEE: \_\_\_\_\_ AR#: \_\_\_\_\_ INV#: \_\_\_\_\_ SR#: \_\_\_\_\_

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

EHS Site Visit Dates: \_\_\_\_\_ By: \_\_\_\_\_