



ONSITE WASTEWATER TREATMENT SYSTEM INSTALLATION PERMIT APPLICATION  
Inspection Line: (858) 694-2553

RECORD ID #:DEH LSTP

PERMIT EXPIRES ONE YEAR FROM DATE ISSUED

DATE RECEIVED:\_\_\_\_\_

GENERAL INFORMATION			
PROJECT LOCATION:		CITY:	APN:
OWNER NAME:	PHONE:	EMAIL:	
OWNER MAILING ADDRESS:			
CONTRACTOR COMPANY NAME:			PHONE:
CONTRACTOR ADDRESS:			EMAIL:
LICENSE NUMBER:	LICENSE TYPE:		EXP. DATE:
Attach Approved OWTS Layout Report Record ID: DEH LOWTS			Date Approved:
Is there a lock or gate to access site? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide lock/gate code(s):	
<div>1. This permit is for the installation of the approved OWTS design. No changes to the approved OWTS Layout are allowed unless approved by DEHQ in writing before the work is start ed.</div> <div>2. Contractors shall possess a Sanitation System (C-42), General Engineering (A), General Building (B), or Plumbing (C-36) Contractor License and shall have a valid registration with DEHQ. An Owner-Builder can only subcontract to Licensed Installers with a valid registration with DEHQ.</div> <div>3. If ground water or saturated soils are encountered during installation, immediately stop work and contact DEHQ.</div> <div>4. Owner-Builder consultation is required prior to issuance of an installation permit.</div> <div>5. The following acknowledgement and signature sections must be completed by the appropriate parties.</div>			
Licensed Installer Signature (required for projects utilizing Licensed Installers) As licensed contractor, I certify that the information provided is true and the work will be done in accordance with San Diego County Ordinances, the standards in the Local Agency Management Program, and any applicable State law, rules and regulations. I also certify that my required license is current and active with the California Contractors State License Board, and I am in compliance with all Worker's Compensation laws.			
Contractor Signature		Contractor Print Name	Date
Qualified Professional Signature (required for projects utilizing OWTS Supplemental Treatment Systems) As Qualified Professional, I certify, I am responsible for the design of the OWTS utilizing supplemental treatment and will certify that the installation of all components was completed per the approved design in writing.			
Qualified Professional Signature		Qualified Professional Print Name	Date
Owner-Builder Signature (required for projects utilizing Owner as Installer) As Owner-Builder, I certify that the information provided is true and the work will be done in accordance with San Diego County Ordinances, the standards in the Local Agency Management Program, and any applicable State law, rules and regulations. I also certify that I understand the requirements for the proper installation of the approved OWTS and can complete the installation as required.			
*OWNER-BUILDER RESPONSIBILITIES			
Initial	I understand a frequent practice of unlicensed persons is to have the property owner obtain a permit by "Owner-Builder" that erroneously implies that the property owner is providing the labor and material personally; and unlicensed persons claiming to be contactors take advantage of property owners by promising guidance through the owner-builder process for a consulting fee, but they may be breaking the law.		
Initial	I understand if I employ or otherwise engage any persons, other than California Licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "employer" under state and federal law, which requires that I register with the State and Federal Government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "employee". I understand my failure to abide by these laws may subject me to serious financial risk.		
Initial	I, as the Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and their employees while working on my property and my homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.		
Initial	I understand the potential financial risk of being the responsible party of record and that subcontractors and suppliers who are not paid on schedule may file a mechanics lien against my property.		
Initial	I understand that I may protect myself from potential financial risk by hiring a Licensed Contractor because an individual must demonstrate experience, pass a qualifying exam, submit fingerprints, undergo a criminal background check, obtain a contractor bond and workers' compensation insurance, and pay fees before they are issued a contractor's license in California.		
Initial	I consent to being the party legally and financially responsible for this proposed construction activity. I will abide by all applicable laws and requirements that govern Owner-Builders as well as employees.		
Property Owner-Builder Signature		Property Owner-Builder Print Name	Date
DEHQ OWTS Installation Permit Approval (DEHQ STAFF ONLY)			
<input checked="" type="checkbox"/> ANNUAL OPERATING PERMIT is required and must be obtained before final approval of system installation.			
Environmental Health Specialist Signature		Print Name	Issue Date