County of Sonoma Department of Health Services
Environmental Health and Safety
625 5th Street ❖ Santa Rosa, CA 95404
707-565-6565 ❖ Fax 707-565-6525
www.sonoma-county.org/eh

For Office Use Only

Date of App_____

FA #_____

SR #_____

SWIS#_____

PE#_____ Fee $_____

SOLID WASTE REVIEW FORM

Site Name _____ APN _____

Site Address _____ City _____ Zip _____

Applicant Name _____ Title _____

Mailing Address _____ City/State _____ Zip _____

Email Address _____ Phone _____ Fax _____

Project Type: (Check One)

☐ New Permit 0526 ☐ Registration 0526 ☐ Exemption 0531 ☐ Permit Amendment 0529

☐ Permit Modification 0529 ☐ Five Year Review 0527 ☐ Owner/Operator Transfer 0529 ☐ Permit Prep 0528

☐ Notification 0526 ☐ Permit Revision 0530 ☐ Closure/Post-Closure 0532 ☐ CEQA Comment/Review 0533

**Fees are based on a minimum estimate of time necessary to complete the review. Additional time will be charged at the hourly rate. Full payment is due at the time of LEA review completion.

Sonoma County Local Enforcement Agency Indemnification Agreement

As part of this application, the applicant agrees to defend, indemnify, release and hold harmless the Sonoma County Department of Health Services Environmental Health and Safety Section, its agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or the documents which accompanies it. This indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in conjunction with the approval of this application, whether or not there is concurrent passive or active negligence on the part of this agency. If, for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

NOTE: The purpose of the Indemnification Agreement is to allow the Sonoma County Department of Health Services Environmental Health and Safety Section to be held harmless in terms of potential legal cost and liabilities in conjunction with permit processing and approval.

Applicant Name _____ **Company Name** _____

Applicant Signature _____ **Date** _____

***Applicants signature must be original. No copies or stamps will be accepted.*

Owner Name _____ **Title** _____

Owner Signature _____ **Date** _____

FOR OFFICE USE ONLY

Notes: _____

☐ Local Planning Department Approval

Project Reviewed By _____ Date _____

Approved By _____ Date _____