SEPTIC SYSTEM EVALUATOR APPLICATION

Town of Paradise Onsite Sanitation Division

5555 Skyway, Paradise, CA 95969 Phone: (530) 872-6291 ext 113 FAX: (530) 877-5059

PLEASE TYPE OR PRINT IN INK

APPLICANTS NAME		
APPLICANTS NAME		
BUSINESS ADDRESS		
		ZIP
MAILING ADDRESS		
		ZIP
NATURE OF BUSINESS		
NUMBER OF YEARS IN THIS	TYPE OF BUSINESS II	N PARADISE AREA
TOTAL NUMBER OF YEARS	IN THIS TYPE OF BUS	INESS
ADE VOILA CUDDENTI VILI	CENSED EVALUATOR	EOD THE TOWN
		R FOR THE TOWNyesno
CURRENT LICENSE NUMBE		
ARE YOU CURRENTLY WORKING FOR A SPECIFIC COMPANYyesno		
NAME OF COMPANY		
SPECIAL QUALIFICATIONS:	List current licenses, certi	ficates and/or registrations you hold;
CERTIFICATIONS	DATE EXPIRES	NUMBER
CHAPTER 5, 14, PARADISE MUN PARADISE MANUAL FOR THE (EVALUATION OF ONSITE WAST) TOWN OF PARADISE. I FURTHE VERIFIES THAT I WILL ADHER! WASTEWATER MANAGEMENT ZO	ICIPAL CODE TITLE 13, ONSITE TREATMENT OF EWATER TREATMENT AN R UNDERSTAND THAT M E TO AND COMPLY WIT ONE REGULATIONS. AS PE TORS LICENSE MAY BE F	ARADISE MUNICIPAL CODE, TITLE 5, CHAPTER 13.04, AND THE TOWN OF WASTEWATER RELATING TO THE ND DISPOSAL SYSTEMS WITHIN THE ITY SIGNATURE ON THIS DOCUMENT H ALL TOWN OF PARADISE ONSITE OR SECTION 5.14.080 OF THE PARADISE DEVOKED FOLLOWING DUE PROCESS ORM.
ANNUAL LICENSE FEE DUE	AFTER PASSING EXA	M: \$47.75
SIGNATURE OF APPLICANT		DATE
TOP USE ONLY		
PAYMENT RECEIVED (\$47.75)	DATE EX	AM PASSED
APPROVED BY		
DATE LICENSE RENEWED OR NI		