



LAKE COUNTY HEALTH SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
 922 BEVINS COURT, LAKEPORT, CA 95453
 PHONE: (707) 263-1164 *** FAX: (707) 263-1681

ANY OMISSION OF INFORMATION MAY DELAY PROCESSING OF YOUR APPLICATION

SITE ASSESSMENT APPLICATION

APPLICANT: _____ **PHONE:** _____

CELL PHONE: _____ **FAX:** _____ **EMAIL:** _____

MAILING ADDRESS: _____ **CITY/STATE/ZIP:** _____

BUSINESS OWNER: _____ **PHONE:** _____

CELL PHONE: _____ **FAX:** _____ **EMAIL:** _____

MAILING ADDRESS: _____ **CITY/STATE/ZIP:** _____

CONTRACTOR: _____ **PHONE:** _____

CELL PHONE: _____ **FAX:** _____ **EMAIL:** _____

MAILING ADDRESS: _____ **CITY/STATE/ZIP:** _____

LICENSE #: _____ **CLASS:** _____

JOB LOCATION	Site Address:	City:
	Nearest Cross Street:	Assessors Parcel Number:
WATER SUPPLY	Public Supply Name:	
	Private Supply Source:	
SEWAGE DISPOSAL	Community Sewer Name:	
	Septic System: YES NO	
PROPOSED USE	Type of Facility: (circle) Retail Market Restaurant Bar Pre-Packaged Foods Bed & Breakfast Bakery Mobile (Vehicle) Deli Caterer Other _____	Was "Site" previously a Food Facility? YES NO

By my signature, I certify that I am the owner or authorized representative and that the information I have furnished is correct, and hereby grant Lake County and its authorized agent permission to enter into the above described property for the purpose of this application.

INITIAL

Signature (APPLICANT/ AUTHORIZED REP.) Circle One _____

Date _____

FOR OFFICE USE ONLY

<input type="checkbox"/> FACILITY SITE ASSESSMENT <input type="checkbox"/> OTHER	DATE RECEIVED _____ _____	FEE _____ _____	RECEIPT # _____ _____
---	---------------------------------	-----------------------	-----------------------------