MADERA COUNTY ENVIRONMENTAL HEALTH CHANGE OF OWNERSHIP APPLICATION FOR PERMIT

WATER PROGRAM PI	ROGRAM ELEMENT:		
OWNER INFORMATION:			
Name:			
Address:	City:	ST:	Zip:
Mailing Address:	City:	ST:	Zip:
Home Phone: ()	Work Phone: ()	
EMERGENCY CONTACT IN	FORMATION .		
Name:			
Address:	City:	ST:	Zip:
Mailing Address:	City:	ST:	Zip:
Home Phone: ()			
FACILITY INFORMATION	APN:		
Water System Name:			
Water System Number:			
Number of Connections:			
Address:			
Mailing Address:	City:	51 ST·	Zip
Business Phone: ()		51	Zip
Manager:			
Manager.			
Will there be a change of operat			
If yes, explain new operation: _			
Will any equipment be changed If yes, submit a list of new equipment		•	
RESPONSIBLE PARTY FOR BILLING: OWNER OPERATOR			
MAIL INVOICES TO: O	WNEROPERAT	OR	FACILITY
MAIL CORRESPONDENCE T	<u>CO</u> : OWNER OPER	RATOR F	ACILITY
	e-mail		-
BILLING AND COMPLIANCE operator or agent, acknowledge charges and annual health permiparty identified as the RESPON all operations will be performed Code and/or Standards and State APPLICANTES, SIGNATURE.	that all site specific Environmit fees associated with this fact SIBLE PARTY FOR BILLING in accordance with all applicate and/or Federal Laws.	nental Health De cility or activity v NG on this form. cable Madera Co	will be billed to the I also certify that unty Ordinance
APPLICANTS' SIGNATURE:			DATE: