



Environmental Health ❖ 625 5<sup>th</sup> Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ [EH@sonoma-county.org](mailto:EH@sonoma-county.org)  
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**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)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Notification (0523)        | <input type="checkbox"/> Permit Amendment (0529) | <input type="checkbox"/> Closure/Post-Closure (0532) |
| <input type="checkbox"/> New FSWF Permit (0526)     | <input type="checkbox"/> Permit Revision (0530)  | <input type="checkbox"/> CEQA Comment/Review (0533)  |
| <input type="checkbox"/> Permit Modification (0529) | <input type="checkbox"/> Exemption (0531)        | <input type="checkbox"/> Registration (0537)         |

**\*\*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:**

PE \_\_\_\_\_ SR # \_\_\_\_\_ FA # \_\_\_\_\_ PR # \_\_\_\_\_ Date of Approval \_\_\_\_\_

Notes: \_\_\_\_\_

Local Planning Department Approval

Project Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Project Approved by \_\_\_\_\_ Date \_\_\_\_\_

Cash Check/Credit Card Trans# \_\_\_\_\_ Date Rec'd \_\_\_\_\_ by \_\_\_\_\_ Amount Rec'd \$ \_\_\_\_\_