



Ventura County Environmental Health Division  
 800 S. Victoria Ave., Ventura CA 93009-1730  
 TELEPHONE: 805/654-2813 or FAX: 805/654-2480  
 Internet Web Site Address: [www.ventura.org/rma/envhealth](http://www.ventura.org/rma/envhealth)

## Application for Solid Waste Health Permit (Ventura County Ordinance Code, Section 4702)

### Instructions to Applicant:

1. Complete all of the information below.
2. Once this application is approved, you will be invoiced annually for this health permit.

<b>Type of Application</b>	<b>Solid Waste Program</b>	
<input type="checkbox"/> New Operation, Facility, or Collector <input type="checkbox"/> Change of Information <input type="checkbox"/> Change of Ownership	<b>Check all that apply to your project</b>	
	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer/Processing Facility
	<input type="checkbox"/> Compost Operation	<input type="checkbox"/> Chipping and Grinding Operation
	<input type="checkbox"/> Refuse Vehicles	<input type="checkbox"/> Construction & Demolition Debris

Operation/Facility Name \_\_\_\_\_

Business Name (DBA) \_\_\_\_\_

Business Owner \_\_\_\_\_

Site Address \_\_\_\_\_

Telephone \_\_\_\_\_

Billing Address  Same as Site Address

Other \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Telephone \_\_\_\_\_ FAX # \_\_\_\_\_

Contact Email \_\_\_\_\_

I hereby certify that I am the owner or authorized representative of the above business and that all statements are true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY			
<input type="checkbox"/> Landfill	<b>PE 6303</b>	<input type="checkbox"/> Chipping & Grinding Operation	<b>PE 6315</b>
<input type="checkbox"/> Transfer/Processing Facility	<b>PE 6301</b>	<input type="checkbox"/> Construction & Demolition Debris	<b>PE 6306</b>
<input type="checkbox"/> SW Collection Refuse Vehicles	<b>PE 6322</b>	<input type="checkbox"/> New Site or Facility Health Permit	<b>PE 6302</b>
<input type="checkbox"/> SWF Tonnage Fee <b>CHOOSE Monthly</b> <input type="checkbox"/> <b>PE 6319</b> <u>OR</u> <b>Quarterly (for Collectors)</b> <input type="checkbox"/> <b>PE 6321</b>			
Bill Month: _____		LEA Review by: _____	
		LEA Review Date: _____	
FA# _____	AR# _____	Invoice # _____	
Date Entered _____	By _____		