



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

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.

Type of Application	Solid Waste Program	
<input type="checkbox"/> New Operation, Facility, or Collector <input type="checkbox"/> Change of Information <input type="checkbox"/> Change of Ownership	Check all that apply to your project	
	<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	PE 6303	<input type="checkbox"/> Chipping & Grinding Operation	PE 6315
<input type="checkbox"/> Transfer/Processing Facility	PE 6301	<input type="checkbox"/> Construction & Demolition Debris	PE 6306
<input type="checkbox"/> SW Collection Refuse Vehicles	PE 6322	<input type="checkbox"/> New Site or Facility Health Permit	PE 6302
<input type="checkbox"/> SWF Tonnage Fee CHOOSE Monthly <input type="checkbox"/> PE 6319 <u>OR</u> Quarterly (for Collectors) <input type="checkbox"/> PE 6321			
Bill Month: _____ LEA Review by: _____ LEA Review Date: _____			
FA# _____	AR# _____	Invoice # _____	
Date Entered _____	By _____		