

**MARIN COUNTY
ENVIRONMENTAL HEALTH SERVICES**

PERMIT APPLICATION

Please complete, sign, and return with Remittance

Type of Business:		FOR APARTMENTS / POOLS		This Column for: OFFICE USE ONLY
Name of Business:		# of Units:	AP #: - -	
SITE ADDRESS of Business:		REMARKS:		
Phone No:		I hereby certify that I am the owner or authorized representative of the premises for which a permit is applied, and that said premises will comply with all laws and ordinances in effect or hereafter enacted.		
Owner's Name:		SIGNATURE of owner, partner, corp. officer, or agent. X _____ DATE ____ / ____ / ____		Permit Number:
Owner's Address:				Element Code:
Owner's Phone:				Health Inspector:
Mailing Address-owner/property manager: (for billing/permitting)				Annual Fee: \$
Phone No:				

MAKE CHECK PAYABLE TO: MARIN COUNTY

MAIL TO: ENVIRONMENTAL HEALTH SERVICES, 3501 CIVIC CENTER DRIVE, ROOM 236, SAN RAFAEL, CA 94903
PHONE #: 415-499-6907 FAX #: 415-507-4120

ENVIRONMENTAL HEALTH SERVICES

FEEES

As authorized by Title 7 of the
Marin County Code
and applicable Laws and Ordinances within
Marin County

GENERAL INFORMATION

1. Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or imprisonment.
2. Any application to construct or remodel a food establishment or public swimming pool must be accompanied by plans and specifications.
3. Delinquent Health Permits are subject to a 20% per month penalty.