



LOCAL ENFORCEMENT AGENCY (LEA) APPLICATION FOR SERVICE REQUEST (SR)

All applicable fees for services provided by the program shall be paid at the time of service request. Completed and signed Application for Service Request, with associated supporting documents may be mailed or delivered to:

Environmental Health Services
385 N. Arrowhead Ave., 2nd Fl.
San Bernardino, CA 92415
Attn: Local Enforcement Agency

Or sent electronically to: EHS.CustomerService@dph.sbcounty.gov

FACILITY INFORMATION

Name of Facility:	Contact Name:
Address:	Phone Number:
Site Assessor's Parcel Number (APN):	Solid Waste Information System (SWIS)# (If Applicable):
Landowner Name:	Landowner Phone Number:
Landowner Address:	Landowner Email Address:
Billing Address:	Email Address (For Billing Purposes):
<input type="checkbox"/> Unincorporated Area (County) <input type="checkbox"/> Incorporated Area (City) <input type="checkbox"/> Existing <input type="checkbox"/> New *If submitting plans for a remodel all items must be completed regardless of new or existing structure.	

APPLICANT/OPERATOR INFORMATION

Applicant Name:	Applicant Phone Number:
Applicant Address:	Applicant Email Address:
Operator Name:	Operator Phone Number:
Operator Address:	Operator Email Address:

PROJECT REVIEW TYPE

Project Review Type (Check Applicable Box):	
<input type="checkbox"/>	Post Closure Land Use (PCLU) Plan Review (New or Amendment)
<input type="checkbox"/>	Landfill Gas Control System Plan Review (New or Amendment)
<input type="checkbox"/>	Health and Safety Permit Review Service
<input type="checkbox"/>	Request for Exemption from a Full Solid Waste Facility Permit
<input type="checkbox"/>	Site Closure Plan Review
<input type="checkbox"/>	Other Special Evaluations Project: _____

VERIFICATION

Complete the verification requirements checklist below. (Must include Sheet Number unless N/A.)

Yes	N/A	Requirements:	Sheet Number:
<input type="checkbox"/>	<input type="checkbox"/>	Application Package is complete. Incomplete Application Packages will not be accepted	
<input type="checkbox"/>	<input type="checkbox"/>	Name of facility, site address, owner or contractor's mailing address, email and contact phone number is listed on plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Plans include all applicable supporting documents (If Applicable) including: <ul style="list-style-type: none"> • Work Plan • Construction Quality Assurance Plan (CQA) • Post Closure Land Use Plan (PCLUP) • Cover Letter • E-1-77 Application form (If Applicable) • Report of Facility information (RFI) • California Environmental Quality Act (CEQA) Information • Conformance Finding Information • Complete Closure Plan and/or Post Closure Maintenance Plan • Financial Assurances Information • Operating Liability Information • Owner/Operator Certification 	
<input type="checkbox"/>	<input type="checkbox"/>	Application is signed	

ACKNOWLEDGEMENT

By signing, I acknowledge that I have read the information on this SR application and agree with the terms and conditions stated herein.

Common reasons for rejection are listed below. Initial in the right column acknowledging you have reviewed these items.

I certify that the application package is complete and understand that an incomplete application package will be rejected and subsequent resubmittals may require a new submittal and fees.	Initial:
Final findings and or determinations will not be available unless payment is received in full.	Initial:
All fees associated with the SR are nontransferable/non-refundable.	Initial:
I understand that LEA findings and determinations will not be available for unpaid services.	Initial:

OWNER/AGENT SIGNATURE:

Signature:	Date:
<input type="checkbox"/> Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.	

FOR OFFICE USE ONLY

Fee:	SR Number:
Received By:	Received Date:
<input type="checkbox"/> Plans were accepted for LEA Review <input type="checkbox"/> Plans were NOT accepted for LEA Review	

ENVIRONMENTAL HEALTH SPECIALIST/TECHNICIAN SIGNATURE:

Signature:	Date:
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