



Operational Permit Application
Pacific County Department of Community Development
Internet Address: www.co.pacific.wa.us

OFFICE USE ONLY
Issued Date: _____
Issued By: _____

PROPERTY OWNER INFORMATION	
Name: _____	
Address: _____	
City/State/Zip: _____	
Phone: _____	Phone: _____
Email: _____	

BUSINESS INFORMATION	
Business Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone: _____	Phone: _____
Email: _____	

BUSINESS OWNER INFORMATION (If on leased Land)	
Business Owner Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone: _____	Phone: _____
Email: _____	

TYPE OF PROJECT / O&M SCHEDULE	
Food Establishment - Every 3 years	<input type="checkbox"/>
Short Term Vacation Rental - Every 3 years	<input type="checkbox"/>
Table VI /Waiver - Annually or as determined by waiver	<input type="checkbox"/>
School - Every 3 years	<input type="checkbox"/>
RV Park/Campground - Every 3 years	<input type="checkbox"/>
Food Est w/ a Table VI Repair - Annually	<input type="checkbox"/>

JOB SITE INFORMATION AND LOCATION
Tax Parcel ID No.: _____
Job Site Address: _____
Type/Name of Water: _____

The Tax Parcel ID Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

In accordance with the Pacific County Board of Health Ordinance 3E, as the owner of the on-site septic system which is the subject of this application, you are required to obtain an Operational Permit from Pacific County. This permit requires an Operation and Maintenance (O&M) inspection by a third party inspector licensed by Pacific County and is done to ensure your system is functioning properly and is not a public health hazard. In order to meet the minimum Operational Permit requirements please provide the following:

- Current Operation & Maintenance Inspection (O&M)
- This application with signature below

Note: This O&M inspection must be submitted and reviewed by Pacific County prior to permitting/licensing the proposed project.

*By signing this application, as owner, or the authorized agent(s) of the owner(s) of the property which is the subject of this application, I acknowledge that I will be required to submit an **O&M inspection** of the on-site septic system as performed by a licensed Operation & Maintenance Specialist determined by the type of project listed above. The next year the O&M Inspection needs to be submitted will be reflected on your license/permit.*

Authorized Signature: _____

Print Name: _____	Date: _____
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SOUTH BEND OFFICE
P.O. Box 68
South Bend, WA 98586
(360) 875-9356 FAX (360) 875-9304

LONG BEACH OFFICE
7013 Sandridge Road
Long Beach, WA 98631
(360) 642-9382 FAX (360) 642-9387

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