

County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division
Site Mitigation Program
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400
 www.EHinfo.org

<u>DEH Office Use Only:</u>
Received Date: _____
Case ID: _____
Global ID: _____



APPLICATION FOR REGULATORY OVERSIGHT (HSC 101480)

New Project Change of Information

Project Name: _____

Project Site Address: _____ City: _____ Zip: _____

Project Site APN Number(s): _____

Property Owner Name: _____ Contact: _____
If owner is a corporation, LP, or LLC, note the name exactly as it is registered with the California Secretary of State.

Property Owner Address: _____ City: _____ Zip: _____

Property Owner Email: _____ Property Owner Phone No.: (____) _____

Responsible Party* (RP) Name: _____ Contact: _____
If different from Property Owner

RP Address: _____ City: _____ Zip: _____

RP Email: _____ RP Phone No.: (____) _____

Billing Contact: _____
If different from Responsible Party.

Billing Address: _____ City: _____ State: _____ Zip: _____
If different from RP mailing address.

Billing Email: _____ Billing Phone No. : (____) _____

*Responsible Party as defined in Sections 25260 and 101480 of the California Health and Safety Code (HSC). The RP is the entity requesting DEH oversight.

Reason for Regulatory Oversight/Scope of Work *[New projects only]*

Do you anticipate using engineering controls to mitigate risk (soil capping/encapsulation, vapor barrier, etc.)? YES NO

The undersigned hereby applies for local regulatory oversight from the County of Santa Clara Department of Environmental Health, as allowed by HSC 101480. I hereby certify that the submitted information is true, accurate, and complete. I understand that if engineering controls are used to mitigate environmental risk, the Department requires a Deed Restriction/Environmental Covenant on the property. I understand that the Deed Restriction/Environmental Covenant may include a long-term operation and maintenance plan and/or long-term monitoring requirements. I understand that this is a fee for service program. Invoices for this project will be sent via email to the Responsible Party unless otherwise directed.

Signature of Property Owner: _____ Print: _____ Date: _____

Signature of Responsible Party: _____ Print: _____ Date: _____