



**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 (RP) as defined in California Health and Safety Code (HSC) Section 101480. The RP is the entity requesting DEH oversight.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you need DEH approval to obtain a City building permit, please provide contact info for your City planner/inspector.**

City: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Do you anticipate using engineering controls to mitigate risk (ex. soil 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: \_\_\_\_\_