



County of Sonoma Department of Health Services
Environmental Health
625 5th Street ❖ Santa Rosa, CA 95404
707-565-6565 ❖ Fax 707-565-6525
www.sonoma-county.org/eh



SONOMA COUNTY DEBRIS REMOVAL APPLICATION

Property Owner Name: _____ Phone(s): _____

Property Address: _____ City: _____

Assessor's Parcel Number (APN): _____ Email: _____

Mailing Address: _____

Mailing City: _____ State: _____ ZIP: _____

Description of Debris Being Removed (how many structures, type of waste, etc.)

A. Program Participation

1. Who will perform the debris removal? Owner Licensed contractor

If contractor please provide the following:

Name of Contractor: _____

Contractor's Email: _____

License Number: _____

Proposed Start Date: _____

Required: A work plan must be submitted with this application. Work plan approval by Environmental Health is required prior to starting debris cleanup.

B. Property Owner Acceptance

I have reviewed the protocols as stated in the "Sonoma County Wildfire Debris Management Requirements" document and specifications for private debris removal. I understand the ash and debris contain hazardous substances and can be a health hazard. I understand the ash and debris shall be wetted down prior to removal and dust shall be controlled. The ash and debris shall also be completely encapsulated with a tarp ("burrito wrap" method) prior to being transported for disposal. I understand that soil samples shall be collected in order to self-certify the project was completed.

Property Owner Signature (Required): _____ Date: _____

Contractor Signature: _____ Date: _____

Sonoma County Acknowledgement: _____ Date: _____

For office use only: FA _____ SR _____ Entered Date _____ Entered By _____