

County of Sonoma Department of Health Services Environmental Health



HHW COMPLETE

SONOMA COUNTY DEBRIS REMOVAL EXEMPTION APPLICATION LNU LIGHTNING COMPLEX FIRE

roperty Address:		
	City:	
ssessor's Parcel Number (APN):	Email:	
lailing Address:		
lailing City:	State:	ZIP:
escription of Debris Being Removed - Include numb	er of structures, s	quare footage, type of waste, etc.
roperty Owner Acceptance		
have reviewed the protocols as stated in the "Conditional equirements" document. I certify that the only burn debriquare feet, fences, and non-structural wood material, and ropane or other similar hazardous substances. Additionale structure is greater than 120 square feet and all mater	is on my parcel is f d said structures di al exemptions may	rom non-residential structures less than 1 d not contain paint, pesticides, herbicides be granted on a case by case basis whe
roperty Owner Signature (Required):		
onoma County Approval:		
onoma county Approval		Date
OTES:		
This will serve as your permit – Please keep on site		
office use only: FA SR_	Entered Date	Entered By