



COMPLETE THE FOLLOWING INFORMATION

1. Property Owner Name (Last, First, MI)

2. Site Address

City

Zip Code

3. Mailing Address (if different from above)

Daytime Phone #

Evening Phone #

City

State

Zip Code

4. System Serves: (provide the number of the following)

___ No. of Bedrooms	___ Toilets	___ Utility/Laundry Sinks
___ No. of Bathrooms	___ Bidets	___ Bar sinks
___ Laundry Facilities	___ Lavatory Sinks	___ Water Softener
___ Kitchen Sinks	___ Shower Stalls	___ Other _____
___ Garbage Disposals	___ Standard Bathtubs (w/ or w/o shower)	
___ Dishwashers	___ Whirlpool (large type) Bathtubs	

5. OWTS – Septic System Details (complete any information that is readily known or available)

Conventional Gravity System Pump Assisted System Alternative System

Septic Tank Size/Capacity in Gallons _____

Septic Tank Constructed Material _____

Are surface Risers in place for the Inlet & Outlet compartments of the Septic Tank? Yes No

Does System contain Sewage Ejector Pump(s) Yes No

Seepage Pit(s) Yes No

Dispersal Field Yes No

Distribution Box Yes No

Other Components: _____

PROPERTY OWNER AFFIDAVIT

I, _____, the legal owner of real property involved in this application, do hereby consent to the filing of this application. I further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports, photos and/or required environmental review for the processing of the application(s) being filed. I further acknowledge that I am aware of and familiar with the requirements of my Homeowner's Association (if applicable).

OWNER CERTIFICATION

I hereby certify, under the penalty of perjury, that the statements furnished in this application and in any attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I also certify that the number of bedrooms, as defined in the Calabasas Municipal Code Section 15.04.610 Appendix K Sub-Section, notated within this application are truthful and accurate.

Signature of
Legal Owner:

Date:

Name
(print or type):

Phone:
