

If this is a new permit for an existing billing owner (formerly MF), search for this Owner in Owner/Contact manager. If none exists, write NEW. If found, determine if this facility should be added to an existing owner ID (formerly MF) and if so, use that number.

District Number	Location Code*	
() 1 South County	() 1 = Unincorporated	
() 2 Mid-County (Mid/East- County for L.U.)	() 2 = Calistoga	() 4 = St. Helena
() 3 North County	() 3 = Napa City	() 5 = Yountville
	() 9 = Unclassified Food (Vehicle or other)	() 6 = American Canyon

Stormwater: If this is for a permit for location code 1, 2, 3 or 6 you may also assess the associated stormwater permit fee

*Using GIS, enter site address, select Environmental Management Staff, scroll to bottom for Tax Rate Area Code-one preceding "0" =unincorporated, two (00)=a city

PERMIT TYPE & FEE CATEGORY	✓	PERMIT TYPE & FEE CATEGORY	✓	PERMIT TYPE & FEE CATEGORY	✓	FEE CATEGORY TYPE: DEMAND SERVICE	✓
POLLUTION PREVENTION TEAM		CONSUMER PROTECTION TEAM		LEA TEAM		POLLUTION PREVENTION TEAM	
AST		Fixed Food		Medical Waste		CalARP - New Site Administrative Review	
Permit Exempt >1320		B&B No Well		Body Piercing-Person		Contaminated Site, Non-LOP	
Permit >1320 -10,000 -Tier II		B&B with Well		Body Piercing-Site		Hazardous Waste Facility Plan Check	
Permit >1320 -10,000 -Tier I							
Permit >10000-100000 OR NonQual		High Risk (insp. freq. 120 days)		Doctor Associated w/Facility		HMBP Plan Check	
Cal ARP		Medium Risk (insp. freq. 180 days)		LQG No Treatment		UST	
Administrative Review		Low Risk (insp. freq. 365 days)		LQG w/Treatment		Installation Plan Check (Flat Fee Per Tank)# _____	
EHS Material>Fed. Stand.		Schools-Satellite facility		Med Waste Transfer Station		Installation Inspection (3 Hours min/Tank)	
EHS Material<Fed >State		Out-of-County Caterer		SQG CSF No Treatment		Closure Plan Check (Flat Fee)	
HMBP		Stormwater with Food		SQG No Treatment		Closure Inspection (3 Hour Minimum)	
		Temporary Food		SQG Self Hauler		Major Repair Plan Check (Flat Fee)	
>20000 Units		Organizer Temp Event/Market		SQG w/Treatment		Major Repair Insp (3 Hour Minimum)# Hours _____	
1000-20000 Units		Low Risk		Transporter-Limited Quantity		Minor Repair Plan Check (Flat Fee)	
Aboveground fuel only		High Risk				Minor Repair Insp (3 Hour Minimum)# Hours _____	
Inert Gas Exemption		Non-profit, > 1-day		LAND USE TEAM		Consultation (Per Hour) # Hours _____	
Remote Unstaffed Facility		Farmers' Market Booth		Liquid Waste		CONSUMER PROTECTION TEAM	
HMBP w/ UST's Only		Mobile Food		ASTS With Service Provider		Food Plan Check	
Propane/Butane <1000 gal		Low Risk Vehicle		ASTS w/o Service Provider		High Risk	
Hazardous Waste		High Risk Vehicle		Holding Tank		Medium Risk	
<= 27 gal/mo (220 lbs)		Water		Winery Only Pond		Low Risk	
>= 27 gal.mo (220 lbs)		CalCode System		Subsurface >1500 gal		Resubmittal	
Conditionally Authorized		Hand Wash Exemption		Pumper Truck		Minor Remodel	
Conditionally Exempt		Small Community					
LQG >= 2200 lbs		State Small				Pool Plan Check	
Permit By Rule		Transient Non-Community				Minor Remodel	
Remote Consolidation		NTNC				New or Major Remodel	
Satellite Accumulation		Pool				Water Systems	
LQ TWW		Spa Pool				New & Major Remodel NTNC & Community	
SQ TWW		Swimming Pool				New & Major Remodel TNC,SS, HW, CalCode	
Certified Appliance Recycler		MHP				Minor Remodel	
LQ Universal Waste Gen.		2-19 #MHP _____ #camp _____					
SQ Universal Waste Gen.		20-49 #MHP _____ #camp _____				LAND USE TEAM	
CESQ Universal Waste Gen.		50-99 #MHP _____ #camp _____				Monitoring Well	
UST		100-249 #MHP _____ #camp _____				Installation (first well)	
Number ID#		250-499 #MHP _____ #camp _____				Additional Wells # wells _____	
Ag/Home Heating Oil		500+ #MHP _____ #camp _____				Destruction	
Stormwater		Labor Camp # beds _____				Soil Boring	
CUPA Facility						First six wells	
SWPPP Facility						Additional Wells # wells _____	

Staff Signature: _____ Date: _____ Ok to issue () Yes () No **DOUBLE FEES ()**

Waive Fee () Reason: () Vet Exempt () Non-Profit () Government