



County of Sonoma Department of Health Services
Environmental Health

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707-565-6565 ❖ Fax 707-565-6525

www.sonoma-county.org/eh



SONOMA COUNTY DEBRIS REMOVAL APPLICATION LNU LIGHTNING COMPLEX FIRES

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 – **Please include number of structures, square footage, type of waste, etc.**

Who will perform the debris removal? Owner Licensed contractor

If contractor please provide the following:

Name of Contractor: _____

Contractor's Email: _____ Contractor's Phone: _____

Contractor's License Number: _____ Proposed Start Date: _____

Due to the recent COVID-19 pandemic, California has issued industry guidance for construction. Please read the COVID-19 Industry Guidance for Construction (<https://files.covid19.ca.gov/pdf/guidance-construction--en.pdf>) and complete the COVID-19 General Checklist for Construction Employers (<https://files.covid19.ca.gov/pdf/checklist-construction.pdf>).

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

I have reviewed the protocols as stated in the "Sonoma County Wildfire Debris Management Requirements" document and specifications for private debris removal. I understand ash and debris may 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: _____

Received By: _____ Date: _____