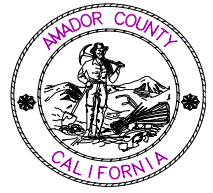


# ENVIRONMENTAL HEALTH DEPARTMENT

## LAND USE AGENCY

810 COURT STREET JACKSON, CA 95642-2132 PHONE: (209) 223-6439 FAX: (209) 223-6228



### PUMPER TRUCK PERMIT APPLICATION

Owner:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_

Facility:

Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Assessor's Parcel No. \_\_\_\_\_

### EMERGENCY NOTIFICATION

	Name	Day Phone	Night Phone
Contact #1	_____	_____	_____
Contact #2	_____	_____	_____

Description:

MAKE	YEAR	CAPACITY	LICENSE #

\_\_\_\_\_  
Owner's Signature Date

