|  |  |  |  |  |  |
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|  | | **OFFICE USE ONLY** | |  | |
| Date Rec’d: | Rec’d By: | Amt $: | PE Code: | RO#: | GT ID#: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Request Type & minimum fee deposit** | | | | | | | | |
| **service request type** | **fee** | **pe code** | **service code** |  | **service request type** | **fee** | **pe code** | **service code** |
| 🗹application processing fee  (1 hour) | $174 | 5504 | 312 | 🗹consultation meeting  (two staff, 2 hour staff time) | $696 | 5502 | 707 |
| 🗹 review environmental & project  documents & databases (3 hours  staff time) | $522 | 5502 | 311 | **TOTAL FEES DUE** | **$1,392** | | |

***Indicated fees are due upon application submittal.*** Fees can be paid via cash, credit card, check or money order.

Please return this application to ACDEH in person, or by mail at 1131 Harbor Bay Parkway, Ste 111, Alameda CA, 94502.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Address -** For Multiple Addresses/APNs use Address Form on Page 6 | | | | | | | |
| Alameda County Assessor’s  Parcel Numbers (APNs) list all: |  | | | |  | |  |
|  | | | |  | |  |
| Street: City: State: Zip Code: | | | | | | | |
| **Property Owner Information** | | | | | | | |
| Property Owner Name: | | | Type of Entity: *Individual, Corporation, Trust, etc.* | | | | |
| Mailing Address ( same as site address)    Street: City: State: Zip Code: | | | | | | | |
| Phone: | | Email: | | | | | |
| **Responsible Party Entering Agreement** | | | | | | | |
| Name: | | | | Relationship to Property Owner: | | | |
|  | | | | | | | |
| Mailing Address    Street: City: State: Zip Code: | | | | | | | |
| Phone: | | Email: | | | | | |
| **Affidavit** | | | | | | | |
| **** I attest under penalty of perjury to the truth and correction of all the facts, exhibits, reports, and attachments presented with and made a part of this request.  ** Responsible Party and Current Property Owner represent that the Responsible Party has the authority to make this request for preliminary site review.**  **** I agree to pay all fees and costs associated with receiving the necessary approvals for my project. | | | | | | | |
| Property Owner Signature: | | | | | | Date: | |
| Responsible Party’s Signature: | | | | | | Date: | |

**OFFICE USE ONLY**

**Application Completeness Review:** LOP Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Refund Amount:** $\_\_\_\_\_\_\_\_\_\_\_ LOP PM Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Initiating Action for Service Request (Check Applicable Box)** |
| **Environmental Due Diligence** |
| Property Transaction  Self-Initiated Site Assessment   Bank Re-Financing Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Property Redevelopment |
| Planning/Building Department Clearance  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Site Information Summary** |
| Type and Extent of Contamination by APN and list all Associated Environmental Documents: *Identify history of site and substances found at site.* |
| **Project Description Summary** |
| Planned Redevelopment/Project Description: *Provide brief description of type of planned redevelopment and the what prompted the need for Preliminary Site Review. Include a discussion of the entitlement process status and applicable planning and building department permit numbers and approvals.* |

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| **Required Documents** |
| The Responsible Party shall submit to ACDEH all background information, environmental assessment reports (including Phase I/II Environmental Assessment Reports), analytical results, and if redevelopment is proposed, additional documents as listed below. If select documents are not available or applicable, please provide an explanation in the text box below. All available information is to be provided to ACDEH by the Responsible Party with this completed application. ACDEH will review the application and contact the Responsible Party within five (5) days of receipt to schedule a meeting.  SUBMIT THE FOLLOWING WITH THIS APPLICATION AND FEES.   |  |  | | --- | --- | | Environmental Due Diligence (for all Sites)  Parcel Map/ Site Map  Legal Description1  Phase I Reports  Phase II Reports  Geophysical Survey Reports  Geotechnical Reports  Summary Figures illustrating all parcel boundaries,  and historic, current and proposed site  configurations in relation to sampling locations  Summary Tables of all Analytical Data  Boring Logs  Aerial Photos  Sanborn Maps | Site Development Package  Planning Department Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entitlement Approvals or  Conceptual Development Plan  CEQA Documents  Subdivision Parcel Maps  Building Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building Plan Set  Grading Plans including Cut/Fill Balance  Utility Plans  Demolition Plans including Lead, Asbestos, and PCB  Abatement Documentation  Property Transactions and Proposed Project  Development Schedule | |

1 Legal description is the geographical description of a real estate property for identifying and locating the property. A legal description of the property clearly identifies the location, boundaries, and any existing easements of the property. Legal description is available on the deed.

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| **List Not Applicable or Unavailable Documents** |
|  |

Application Instructions

To initiate regulatory review on a project, complete and submit this Service Request Application, review fee and required documents. Fill in all blanks.

Submit the completed application form including required documents in PDF format to:

Paresh Khatri

Alameda County Department of Environmental Health

1131 Harbor Bay Parkway

Alameda, CA  94502

(email preferred:  [paresh.khatri@acgov.org](mailto:paresh.khatri@acgov.org)).

Submit the associated fees to:

Alameda County Department of Environmental Health

c/o Finance Department

1131 Harbor Bay Parkway

Alameda, CA 94502-6577

(Fees can be paid via cash, credit card, check or money order in-person)

This deposit will be applied towards work performed for opening an account, preliminary site review time by Alameda County Department of Environmental Health (ACDEH) staff, inter-agency coordination, and an in-person meeting with you and your environmental professional. An application processing fee of $174 will be charged for processing each Service Request Application. Incomplete applications (missing key information and/or supporting documents) will be rejected by ACDEH and will be assessed an additional re-submittal processing fee of $174.00.

Once the application has been accepted and fees received, an Identification Number will be established in the State Water Board’s GeoTracker website (<http://geotracker.waterboards.ca.gov/>).  ACDEH will upload all technical reports/submittals to GeoTracker.

ACDEH will conduct an initial screening of the application for completeness and will contact the applicant within five (5) business days to schedule a meeting or provide notification of an incomplete application requiring resubmittal.

Once ACDEH deems the application is complete, ACDEH will review the submitted information to determine whether regulatory environmental oversight is required. If it is determined that regulatory oversight is required, ACDEH will consult with the Regional Water Board or Department of Toxic Substances Control staff to determine lead agency status.

Multiple Addresses / APNs Form

|  |  |
| --- | --- |
| **Site Addresses** | |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |
| SITE ADDRESS:  (Street, City, Zip) |  |
| Associated APN: |  |