



Maher Ordinance Application

Please submit this application with a check for the current fee to the address below to enter the Maher program. For current filling fee information, see: www.sfdph.org/dph/EH/Fees.asp under Hazardous Waste Soil Sampling.

A.	Project Name: _____		
	Site Address: _____	Assessor's Parcel Number: _____	
	City, State: _____	Zip Code: _____	
	SF Planning Contact Name: _____	Telephone: _____	
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B.	Project Proponent: _____		
	Mailing Address: _____		
	City, State: _____	Zip Code: _____	
	Contact Person: _____	Telephone: _____	
	E-mail address: _____		
Invoices will be sent to this address unless other arrangements are made.			
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C.	Application Submitted by: _____		
	Contact Person: _____	Telephone: _____	
	Company Name: _____		
	Mailing Address: _____	Zip Code: _____	
	E-mail Address: _____		
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D.	Project Information – Current Site Use: _____		
	Planned Site Use: _____	Description: _____	
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E.	Check Document(s) Submitted: <input type="checkbox"/> Phase I ESA <input type="checkbox"/> Geotechnical Report <input type="checkbox"/> Plan and Elevation Drawings		
	<input type="checkbox"/> Subsurface Investigation Report <input type="checkbox"/> Estimate of soil volume (CY) to be disturbed by proposed project		
	<input type="checkbox"/> Grading/excavation drawings supporting volume estimate <input type="checkbox"/> Other (list): _____		
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I have reviewed the conditions of the Maher Ordinance program and agree to comply with those conditions and pay all costs associated with this request.

Signature of Applicant: _____ Date: _____

For Department of Public Health Office Use Only		
Date Received: _____	Date Data Entered: _____	Check Number: _____
Received by: _____	Entered By: _____	Check Amount: _____
		SMED SITE #: _____