



City and County of San Francisco
 DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH BRANCH
 Alternate Water Source Permitting Program

Application for Permit to Operate an Alternate Water Source System

Date: _____

Fee paid: _____ Receipt #: _____

Type of Transaction: New Permit Account Update Transfer Consultation Permit Modification Permit #: _____

System Location: _____ Block/lot _____

Alternate Water Source: Rainwater Stormwater Foundation Drainage Graywater Black Water Other _____

End Use: Subsurface Irrigation Spray irrigation Toilet flushing Cooling Tower Other _____

Is this a District-scale system? Yes No (if yes, complete District-Scale Addendum)

Owner/Operator/Permittee

Name: _____ Last _____ First _____

Business Name/DBA: _____

Address: _____ Street Address _____ City _____ State _____ Zip Code _____

Business Registration Certificate #:

Property Owner

Name: _____ Last _____ First _____

Business Name/DBA: _____

Address: _____ Street Address _____ City _____ State _____ Zip Code _____

Primary Contact

Name: _____ Last _____ First _____ Title: _____

Phone #: _____ Email: _____

Print Name _____

Signature _____

Please identify the [appropriate fee](#) and send a check to:

SFDPH Environmental Health Branch
 ATTN: Alternate Water Source System Permit Program
 4 South Van Ness Ave, Ste 0
 San Francisco CA 94133

Please note on the check "SFHC 12C Permit Application Fee HCHPBNONPWGF"
 Forms and other submittals may be sent by email to:
dph.nonpotable@sfdph.org

phone 415-252-3800