



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Sean Powers, Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 265-9853

Env.Health@co.nevada.ca.us

<http://mynevadacounty.com>

**APPEAL APPLICATION
SEWAGE DISPOSAL SYSTEM PERMITTING**

The Sewage Disposal Technical Advisory Group (SDTAG) is empowered by the Nevada County Board of Supervisors to review appeals, however; cannot waive requirements of sewage disposal regulations.

This form, submitted with the applicable fee, is to be completed and filed with the NCDEH within twenty (20) working days from the date of the decision issued by NCDEH. A hearing before the SDTAG will be scheduled within twenty (20) working days of receipt of this completed application. You will be notified in writing of the date, time and place of the hearing. Any decision this group makes may be further appealed to the Board of Supervisors, if they choose to hear it.

For S.D.T.A.G. to review your appeal, and make a finding, please provide sufficient information and justification about the site and decision in question. You may include a letter from a qualified person or consultant giving technical justification, technical literature, or (a) relevant example(s) or situation(s).

Applicant's Name: _____ Phone No. _____

Applicant's Address: _____

Site Location: _____ APN: _____

Appealing the following: Permit Variance Inspection Other: _____

I am appealing the Department's decision to: *(Please describe specifically what decision by the Department you are appealing)*

The reason I am appealing this decision is: _____

I request the Sewage Disposal Technical Advisory Group take the following action: _____

I have attached supplemental information with my appeal application. *(Please list any and all attachments provided)*

I hereby certify the statements and attachments in this appeal application are true and accurate to the best of my knowledge.

Applicants Signature

Date

OFFICE USE ONLY

Fee: \$ _____

Paid: \$ _____

Receipt No. _____

Job No. _____