



COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT  
Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170  
PO BOX 599002  
NEVADA CITY, CA 95959

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

[Env.Health@co.nevada.ca.us](mailto:Env.Health@co.nevada.ca.us)

<http://mynevadacounty.com>

## TOWN OF TRUCKEE

### BUILDING PERMIT CLEARANCE APPLICATION INSTRUCTIONS

**\*\*\* If your project involves a Food Facility or Hazmat Facility\*\*\***

Please contact Nevada County EH at (530) 582-2460 and ask to speak to a specialist.

**1. Please fill out the attached form and submit to Nevada County Environmental Health Department using one of the following methods.**

- **Email:** [ncdeh.permits@co.nevada.ca.us](mailto:ncdeh.permits@co.nevada.ca.us)
  - After you have emailed the completed form, Environmental Health will respond with your job number and invoice number for use when paying fees. Fees will need to be paid online.
- **Mail:** Nevada County EH  
950 Maidu Ave Suite 170  
PO Box 599002  
Nevada City, CA 95959-7902
  - Mail check for the minimum amount due with the completed application to the mailing address above.
- **Bring in person:** Please contact EH to make an appointment beforehand.
  - Fees will need to be paid online, no monies will be received at the Truckee Office.

**2. Pay minimum fee due of **\$195.72** for the 2021/2022 permit year.**

- Once EH has received a completed form, we will provide online payment instructions.

**Processing your Permit Clearance will not begin until all paperwork and fees have been received by Nevada County Environmental Health Department.**

If you have a septic permit that is in review, or has been issued and is not Final, the review fee may be added to the current permit for payment. No Agreement to Pay form will be required in this case.



**COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY**

Trisha Tillotson, Agency Director

**ENVIRONMENTAL HEALTH DEPARTMENT**

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170  
PO BOX 599002  
NEVADA CITY, CA 95959

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

Env.Health@co.nevada.ca.us

<http://mynevadacounty.com>

**TOWN OF TRUCKEE  
PERMIT CLEARANCE APPLICATION**

Date: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Project Address: \_\_\_\_\_, Truckee, CA 96161

Owner Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

If remodel, year of construction: \_\_\_\_\_ Will the project change the number of bedrooms?  Yes  No  
Current Number of bedrooms: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town of Truckee Permit Number: \_\_\_\_\_

**Check All That Apply:**

Public Water Supply

Public Sewer

Individual Water Supply

Individual Sewage Disposal

Business Name (if applicable): \_\_\_\_\_

**Will your business handle 55 gallons, 500 pounds or 200 cu ft. or more of Hazardous Materials?**

If yes, contact the Environmental Health Department at (530)265-1222

YES

NO

N/A

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\* Note: Work will not start until all forms are submitted and payment is received \*\*\***

**THIS SECTION FOR OFFICE USE ONLY**

No objection to issuance of Building Permit

Requires EH sign off for Final Occupancy

No objection to issuance of Final occupancy

EH Job No. \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



# COUNTY OF NEVADA

## Environmental Health Department

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617

(530) 265-1222 x3 FAX (530) 265-9854

<http://www.mynevadacounty.com>

### AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Site Information:**

**Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: \_\_\_\_\_

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Dated: \_\_\_\_\_ CDL# \_\_\_\_\_

Tel #: \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_

Check #: \_\_\_\_\_ Project File #: \_\_\_\_\_ Billing Code: \_\_\_\_\_

Amount Collected: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_

DPW #: \_\_\_\_\_ Project File #: \_\_\_\_\_ Billing Code: \_\_\_\_\_

Amount Collected: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_