



COUNTY OF SAN MATEO
 Environmental Health Services Division
 2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
 Phone (650) 372-6200 Fax (650) 627-8244

Environmental Health Review Application

**Fees subject to change*

Applicant:

Name: _____

Site Address: _____

City: _____ Zip: _____

Phone #: _____

_____ Unincorporated

_____ Incorporated

Assessor's Parcel Number(s)

TYPES OF REVIEW

Planning Application Review
 Planning App #: _____

Building Application Review
 Building App #: _____

Other _____

FEES

\$ 909.00
 (PE 2656)

\$ 909.00
 (PE 2667)

\$ _____

TOTAL: \$ _____

Property Owner:

Name: _____

Address: _____

City: _____ Zip: _____

Home #: _____

Business#: _____

Contractor/Architect:

Name: _____

Address: _____

City: _____ Zip: _____

Phone #: _____

Detailed Description of Work _____

Owner or Authorized Representative: _____ **Date:** _____

Please submit check payable to San Mateo County with this review application. This application is for Environmental Health Review only. Additional permits, site inspections from this office will require additional applications and/or fees.