

Environmental Health Services

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403

Phone: (650) 372-6200 | Fax: (650) 627-8244

smchealth.org/eh

SAN MATEO COUNTY DEBRIS REMOVAL EXEMPTION APPLICATION CZU LIGHTNING COMPLEX FIRE

PROPERTY INFORMATION			
Property Owner Name:			
Property Address:			
City:	State:	Z	ip Code:
Assessor's Parcel Number (APN):		Email:	-
Mailing Address:			
City:	State:	Zi	p Code:
Description of debris being removed (include	 de number of structu	ures, square footage, t	ype of waste, etc.):
PROPERTY OWNER ACCEPTANCE			
I have reviewed the protocols as stated in the document. I certify that the only burn debris on r structural wood material, and said structures substances. Additional exemptions may be gra all material contained within the structure was in	ny parcel is from non- did not contain pai nted on a case by ca	-residential structures les nt, pesticides, herbicide	ss than 120 square feet, fences, and nones, propane or other similar hazardous
Property Owner Signature:			Date:
San Mateo County Approval:			Date:
Notes:			
OFFICIAL USE ONLY FA:	SR:	Date Entered:	Entered By:
HHW Complete			-

Rev. 11/4/2020 Page 1 of 1