

# CENTRAL MARIN SANITATION AGENCY

## AUTO SERVICE FACILITIES PERMIT APPLICATION

Facility (Shop) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from street address):

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Services Performed (e.g., "auto engine and body repair shop" or "maintenance of fleet, 7 diesel trucks"): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one below:

\_\_\_\_\_ I am applying for (check one of the following):

\_\_\_\_\_ Zero-Discharge (A) Permit

\_\_\_\_\_ Carwashing (B) Permit

\_\_\_\_\_ Conditional Carwashing (C) Permit

\_\_\_\_\_ Steamcleaning (D) Permit

\_\_\_\_\_ EXEMPT. I have read Page 2 of the instructions and have determined that I do not need a permit.

Print Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_ Please indicate number of "no wastes to this drain" signs needed (one for each sink or toilet in or next to a work area).