



**Town of Paradise**  
 Community Development Department  
 Building Resiliency Center  
 6295 Skyway  
 Paradise, CA 95969  
 (530) 872 -6291 x411

## Fire Defensible Space Clearance / Onsite Clearance to Record Application & Septic System Operating Permit Application

**Clearance to Record fees must be received with application (\$71.39+\$104.22=\$175.61)**

Property Address: \_\_\_\_\_ APN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Applicant

Name:	Business Name:
Address:	Phone:
City/St/Zip:	Fax:
Email:	
Signature: _____	
Date: _____	

### Clearance to Record Request

Escrow Officer:	Title Company:
Escrow #:	
Address:	City/St/Zip:
Phone:	Fax:
Email:	
Seller's Name:	

### Onsite Wastewater Disposal System Operating Permit Application for New Owner Information

**Permit to be issued upon payment of fee and a copy of the new grant deed (\$33.08)**

New Owner's Name: \_\_\_\_\_

New Owner's Mailing Address (if different): \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

*Septic Clearance PMC 13.04.090*

*Defensible Space Clearance is valid for **ninety (90) days** PMC 8.58.060*

### STAFF USE ONLY:

Evaluation Status  
 System #  
 BDRM #  
 OP #