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PORTABLE CHEMICAL TOILET PERMIT APPLICATION

INSTRUCTIONS:

1. Applicant hereby applies for a permit to use a portable chemical toilet located at the service address/parcel indicated below. Applicant must complete all the application information as indicated below.
2. Payment of fees is required at the time of submission (see fee schedule below).

TERMS AND PROCESS:

1. Permit is valid, starting on the date of application, for the duration in which the applicant has paid the associated fee.
2. Per Section 4.07.070 of the District’s Title IV: Onsite Wastewater Treatment System Code:
 - a. No person shall use a chemical toilet on any parcel within the District. Such devices may only be used temporarily during construction of a building or other structure, during repair of a failed onsite wastewater treatment system (OWTS), or other special use providing a specific public health benefit as determined upon application on a case-by-case basis by the District.
 - b. Use of a portable chemical toilet for a commercial special event(s) on residential property shall not be allowed.
 - c. Upon filing of a temporary toilet permit application and payment of the prescribed fee, a permit for such a device serving a temporary use may be issued provided that the device will be provided, regularly serviced, and pumped by a person licensed by the County of Marin pursuant to 25000 et seq. of the Health and Safety Code.
3. **Failure to service the portable chemical toilet and/or the presence of otherwise unsanitary conditions causing a nuisance condition will be considered a violation of this permit resulting in revocation. Abatement proceedings will be enforced should a nuisance condition develop and persist.**

FEE SCHEDULE: *(check one)*

- | | | |
|--------------------------|------------------------|------------------|
| <input type="checkbox"/> | 1 Week Permit | \$ 50.00 |
| <input type="checkbox"/> | 3 Month Permit | \$ 100.00 |
| <input type="checkbox"/> | 6 Month Permit | \$ 125.00 |
| <input type="checkbox"/> | 12 Month Permit | \$ 200.00 |

ALL FEES ARE NON-REFUNDABLE

APPLICATION INFORMATION:

Application Date: _____ Account Number: _____

Location Address: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone: _____

Owner Email: _____

Service Provider: _____

Service Provider Phone: _____

Owner Signature: _____

For District Use Only:

Date filed: _____ Application processed by: _____

Fee received? _____ Permit expiration date: _____