



APPLICATION FOR VECTOR CLEARANCE

THIS SECTION TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
APPLICANT INFORMATION					
Assessor Parcel Number(s):			Land Use Services (LUS) Planner:		
Project Type: <input type="checkbox"/> Minor Use Permit: (MUP) <input type="checkbox"/> Conditional Use Permit: (CUP) <input type="checkbox"/> Other: _____					
Project Number:					
Applicant Name:			Email:		
Phone Number:			Fax Number:		
Representative's Name:			Email:		
Phone Number:			Fax Number:		
Mailing Address:		City:	State:	Zip:	
PROPERTY INFORMATION					
Property Contact:			Phone Number:		
NOTE: PROPERTY CONTACT MUST BE AVAILABLE IN PERSON OR VIA PHONE AT THE TIME OF INSPECTION					
Property Address:		City:	State:	Zip:	
Property Access Information: <input type="checkbox"/> Key Required <input type="checkbox"/> Security Check-in Required <input type="checkbox"/> Gate Code: _____ <input type="checkbox"/> Other: _____					
INVOICE INFORMATION					
Care Of:					
Address:		City:	State:	Zip:	
ALL FEES ARE DUE AND PAYABLE PRIOR TO ISSUANCE OF VECTOR CLEARANCE LETTER. MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY					
I HEREBY GRANT ACCESS TO EHS PERSONNEL TO THE ABOVE LISTED PARCEL(S) TO INSPECT FOR THE PRESENCE OF VECTORS.					Initial _____
I understand that I will be billed at an hourly rate (minimum 30-minute charge) for the time spent by EHS Vector Program to inspect the parcels and the adjacent areas associated with this project.					Initial _____
Signature	X			Date:	
Print Name:			Title:		
For Office Use Only					
Hours Billed:	Fee:	Date:	Record ID:	PE Number:	SR:
Received By:			Designated Vector Employee:		