

Decontamination Permit ApplicationPhysical Address: 22 South State Street, Clearfield, UT 84015 Mailing Address: P.O. Box 618, Farmington, UT 84025 Email Address: DCEnvHealth@daviscountyutah.gov Phone: 801-525-5128, Fax: 801-525-5119

Certified Decontamination Sp	pecialist or Property Owner
Business Name:	DEQ Certification Number:
Physical Address:	City/State/Zip:
Email Address:	Phone Number:
Property to be Decontaminat	ed
Physical Address:	City/State/Zip:
Owner Name:	Owner Phone Number:
Owner Address:	City/State/Zip:
Parcel Identification Number:	
Dates of Decontamination Ad	ctivities
Beginning Month/Day/Year:	Ending Month/Day/Year:
Conditions of Permit	
property, must be completed by a Utah maintenance of a health permit is predicat revocable for non-compliance. I agree to	to remove a property from a Clandestine Drug Lab list, or to clear a DEQ Certified Decontamination Specialist. Applicant agrees that ted on compliance with the Davis County Housing Regulation. This permit is comply with all laws governing Chemically Contaminated Properties in
Davis County.	Nama (Drint):
Applicant Signature:	Name (Print): Date:
Applicant Signature: Permit Approval (Office Use Only)	()
Applicant Signature:	()
Applicant Signature: Permit Approval (Office Use Only Approved	()
Applicant Signature: Permit Approval (Office Use Only Approved	ved Amount Paid: \$ Receipt #