

**APPLICATION FOR**  
**INDUSTRIAL WASTEWATER DISCHARGE PERMIT (IWDP)**

The completed and signed application is to be mailed or delivered to:

City of Oxnard  
 Technical Services Program  
 Source Control  
 6001 Perkins Road  
 Oxnard, CA 93033  
 (805)271-2200

<i>FOR TSP-SC USE ONLY</i>	
IWDP NO.	_____
DATE:	_____
REVIEWER	_____
Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class/Category	_____ Outfall Code _____

1. COMPANY NAME: \_\_\_\_\_  
 Standard Industrial Classification Code (SIC): \_\_\_\_\_
  
2. MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. FACILITY ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Previous Year's Average Daily Flow: \_\_\_\_\_  
 Previous Year's Maximum Daily Flow: \_\_\_\_\_
  
5. Any changes in processes or materials utilized that may impact your wastewater discharge volume or characteristic:     Yes     No    [If yes, please specify on separate sheet(s)]
  
6. Are food products prepared and sold at your facility?     Yes     No
  
7. **Remittance of permit fee in the amount of \$2,500.00 must accompany this application. Failure to do so may result in processing delays and delivery of you permit. No Significant Industrial user shall discharge without an Industrial User Discharge Permit. Late fee may be applied for applications received later than 90 days prior to July 1<sup>st</sup> of the current calendar year.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title