COUNTY OF MONTEREY HOUSING AND COMMUNITY DEVELOPMENT

CHONTERED CALIFORNIA DO 1850 - 1

Planning – Building – Housing 1441 Schilling Place, South 2nd Floor Salinas, California 93901-4527 (831)755-5025

			RESIDRATION PROJECT APPLIC	ATION				
~			N.		PLN			
			No:					
1. (Owner[s] Name:							
	Address:			City:	State:			
•	Telephone:			Zip Code:				
	E-mail:							
2.								
					State:			
2			n property [Owner, Buyer, Representative, Agent, etc.]					
9.	Applicant 3	interest i	r property [owner, buyer, hepresentative, Agent, etc.]					
4.	Property a	ddress an	d nearest cross street:					
5.	Accord	e Darool N	umbor[o]					
-			umber[s]:					
6.								
7.	Property ar	ea [acres	or square feet]:					
8.	Yes	No	-					
			Project includes enlarging, altering, repairing, moving, or	r removing an	existing structure.			
			Project includes demolition work.					
			Project is located within 100 feet of a seasonal or permanent drainage, lake, marsh, ocean, pond,					
			slough, stream, or wetland.					
			Will the project require habitat restoration?					
			Project includes removal or replacement of trees. (List number and type below)					
			Project includes removal or replacement of vegetation. (List number and type below) Project includes grading, dirt importation, or dirt removal. (List cubic yards below)					
			Project is visible from a public area.					
			Project is located on slopes >25%.					
			Project is located within 50 feet of a bluff.					
			Is this land currently in row crop production?					
			Is this land used for grazing?					
			Is this land under an Agricultural Preservation Contract? If yes, indicate the Contract No.					
			Is this proposed project located on a hazardous waste fa of sites is maintained by CalEPA on their website at: ww					
			•	· •	•			

9. Describe the proposed restoration project. What occurred on site that requires restoration? How are you proposing to restore the site? Include details on all questions answered with a "Yes" above (attach additional sheet if necessary):

I/We state that as the owner[s] or agent for owner[s] for the development permit application. I/We have read the complete application and know the contents herein. I/We declare under penalty of perjury that the information contained in this application including the plans and documents submitted herewith are true and correct to the best of my/our knowledge.

Dated:		at		, California		
				der penalty that I am authorized by the the described property to make this		
Owner's Name [Please Print or	Type]		Agent's	Agent's Name [Please Print or Type]		
Owner's Signature			Agent's	Agent's Signature		
to the applicant at an ho original fee will be refund		rate after issua		nits. Processing hours less than the ts or permits.		
Plan Designation:		•	-	and Use Plan:		
Plan Designation: Legal Lot:				Zoning:		
Property Owner Verified:	Yes 🗆	No 🗆	Height:	Lot Coverage:		
Setbacks: F				OPL		
FAR	Fire Haz.			Flood		
Advisory Committee:		·				
Geo. Hazard Zones:	A	rch. Sensitivit	y Zone:	ESH:		
Misc.:						
Application Given Out By:		Date:				

Date:

Revised 07/16/21

Application Received By: