## **COUNTY OF MONTEREY**

## **HOUSING AND COMMUNITY DEVELOPMENT**

PLANNING - BUILDING - HOUSING 1441 Schilling Place, South 2nd Floor Salinas, California 93901-4527 (831)755-5025



Permit Number:	Assessor's Parcel No.				
Job Address:					
Requestor:		☐ Owner/Applicant ☐ Agent			
Requestor's Address:					
Phone:	Email	:			
Description of Project:					
	N 1	11'.' 1'. C		1 1)	
Fee Waiver Justification: (Fee Waiver I	<mark>'olicy</mark> ) (Attach	additional infoi	mation if n	leeded)	
DEPARTMENT USE ONLY	(Attach Invoice	e/Receipt's alon	g with the 1	request form)	
Employee		1	Date:	1 /	
Reviewed/Received:			_		
Received by Secretary:			Date:		
Review by the following:	Fee Amount:	Amount Waive	ed: Appr Init	over ials	Date
Building Services					
Engineering					
Environmental Services					
Planning					
County Counsel					
Environmental Health Bureau (EHB)					
Other:					
			'		
County Justification:					
Total Approved Waiver Amount: \$					
- · · · · · · · · · · · · · · · · · · ·					
Signature of HCD Director	Print Name Date				

	Entered	into '	Track	ting	Spread	lsheet	by	Secretar	y
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