

COUNTY OF MONTEREY

HOUSING AND COMMUNITY DEVELOPMENT



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

Simple Permit Application

Project Address		Assessor's Parcel Number	
City	Zip	Nearest Cross Street	
Owner Name	Phone	E-Mail	
Street Address	City, State, Zip	Fax	
Contractor Name	Company Name		
Street Address	City, State, Zip		
Phone	Fax	E-Mail	
Description Of Work			
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential Valuation: \$ _____		<input type="checkbox"/> Attached <input type="checkbox"/> Detached Manufactured Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number Of Buildings: _____			
<input type="checkbox"/> Reroof: Existing Roof Type: _____ Proposed Roof Type: _____			
Remove And Replace: <input type="checkbox"/> Yes <input type="checkbox"/> No Ply Thickness: <input type="checkbox"/> 1/2" <input type="checkbox"/> 5/8" _____ Ply Type: <input type="checkbox"/> OSB <input type="checkbox"/> CDX			
Sq Ft: _____ Weight Per Sq Ft. _____ Lbs Pitch: _____ :12 Number Of Layers: _____			
Roof Classification: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Nr CRRC Product Id: _____			
Existing Color: _____ Manufacturer Proposed Roof Color: _____			

Manufacturer Name: _____ Manufacturer Model: _____			
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Contractor Please Initial One	_____, As The Responsible Licensed Contractor For The Project, Shall Verify Smoke Detectors Are Installed In Accordance With CBC Section 907.2.11 And Are In Working Condition Prior To Final Sign-Off.		
Or	_____, As The Responsible Licensed Contractor For The Project, Acknowledge That Smoke Detectors Will Be Inspected To Verify They Are Installed In Accordance With CBC Section 907.2.11 And Are In Working Condition Prior To Final Sign-Off.		
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Owner Print And Sign	I Declare That I Am The Property Owner And Verify Smoke Detectors Are Installed In Accordance With CBC Section 907.2.11 And Are In Working Condition Prior To Final Sign-Off.		
_____ Owner Name Print		_____ Owner Signature	_____ Date
<input type="checkbox"/> Plumbing: <input type="checkbox"/> _____ # Gallon Water Heater <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Propane			
Existing Tank Type: _____ Proposed Tank Type: _____ New Tank Manufacturer: _____			
New Tank Model Name/No.: _____ Existing Fuel Source: _____			
Existing Btus/Watts: _____ Proposed Btus/Watts: _____			
Repair: <input type="checkbox"/> Gas Line <input type="checkbox"/> Water Line <input type="checkbox"/> Sewer Line			

Mechanical: FAU Change Out: Propane Natural Gas _____BTU

Electrical: Replace Existing _____ Amp Panel. (200 Amp Max) Add/Replace _____ Circuits

