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

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Project Address			Assessor		's Parcel Number		
City		Zip		i.	Nearest Cross Street		
Owner Name		Phor	ne		E-Mail		
Street Address			City, State, Zip			Fax	
Contractor Name			Company Name				
Street Address			City, State, Zip				
Phone	Fax		E-Mai				
Description Of Work	<u> </u>						
□Commercial	□Residential □/	\ttac	hed □Detac	hed	Num	ber Of Buil	dings:
Valuation: \$			ctured Home:		ļ		
	sting Roof Type:			Propos	sed Roc	of Type:	
Remove And Re	eplace: 🗆 Yes 🗅 No <u>Pl</u> y	' Thic	kness: □1/2" □	1 5/8″ □	1	Ply	Type: □OSB □CDX
Sq Ft:	Weight Per Sq	Ft	Lbs Pi	tch:		:12 Num	ber Of Layers:
Roof Classificati	ion: □A □B □C □	⊒Nr	CRRC Pr	oduct l	d:		
Existing Color:			Manufact	urer Pro	posed	Roof Colo	r:
Manufacturer Name: Manufacturer Model:							
	I, As The Respons						
Contractor	Detectors Are Installed I						
Please	Condition Prior To Final Sign-Off.					0	
Initial One	I, As The Respons	ible I	icensed Contrac	tor For	The Proi	iect. Acknow	ledge That Smoke
Or	Detectors Will Be Inspec	ted T	o Verify They Are	e Installe	ed In Acc	cordance W	•
<u> </u>	907.2.11 And Are In Wor	king	Condition Prior	To Final	Sign-Off	f.	
	I Declare That I Am The F						
Owner	Accordance With CBC Se	ection	907.2.11 And Ai	re In Wo	rking Co	ondition Pric	or To Final Sign-Off.
Print And Sign	Owner Name Print		Owner Sign	atura			Date
D Division in an		1111			<u> </u>		
☐ <u>Plumbing</u> :			er Heater 🔲 N				'
	oe: Propos						
New Tank Model Name/No.:			Existing Fuel Source:				
Existing Btus/Watts: Proposed Btus/Watts:							
Repair: 🗖 Gas Line 🗖 Water Line 🗖 Sewer Line							

□ <u>Mechanical</u> :	FAU Change Out:	☐ Propane	☐ Natural Gas	BTU	
□ <u>Electrical</u> :	☐ Replace Existing	Amp	Panel. (200 Amp Max)	☐ Add/Replace	Circuits

Licensed Contractors Declaration

I hereby affirm under penalty 7000) of Division 3 of the Bus		•		with Section		
Contractor:		Date:				
License Class:	License N	umber:				
	Worker's Co	mpensation Declaration				
Warning: Failure To Secure W Criminal Penalties And Civil F Compensation, Damages As F	ines Up To One Hundre	ed Thousand Dollars (\$100	,000), In Addition To The	Cost Of		
I hereby affirm under penalty	of perjury one of the fo	ollowing declarations:				
I have and will mainta Code, for the performance of carrier and policy number is:	the work for which this	•	-			
Name of Agent:	ent: Phone:					
Carrier:	Po	licy #:	Exp. Date:			
I certify that, in the pe in any manner so as to become become subject to the worker comply with those provisions	ne subject to the worker's compensation provi	ers' compensation laws of	California, and agree that	t, if I should		
Applicant Name	2	Applicant Signature		Date		
Note to Applicant: If, after ma Compensation Law of the Lab revoked.	•		-			
	For	Office Use Only				
Permit Number:		Date	e Issued:			
Permit Issued By: Print Nar	me:	Signature: _				
Valuation:	PC Fee:	Pei	mit Fee:			
SMIP:		Zor	ning Fee:			