MONTEREY COUNTY HEALTH DEPARTMENT

Environmental Health Bureau - Hazardous Materials Management Services

1270 Natividad Road, Salinas, CA 93960 Office (831)755-4511 - select option 1 , fax: (831)796-8698 montereycupaedt@countyofmonterey.gov

APPLICATION FOR SITE MITIGATION INSPECTION AND/OR WORK PLAN REVIEW

Requestor/Consultant** Company Name:		Date:
Applicant's Name:		
••		
Phone Number: ()		
E-Mail Address:		
Property Owner Property Owner:		
Mailing Address:		
City, State, Zip Code:		
Phone Number: ()	Fax Number: ()	-
SITE INFORMATION		
Site Name:		
Site Location:		APN:
City, State, Zip Code:		
Property Use (Former):		
Adjacent Property Uses: (Former)		
I agree to pay all fees at time of application owner; □-legal agent for property owner.	and pay subsequent fees that may ac	ecrue. I am the (check one): □-property
Print Name	Signature	
**Invoices will be sent to Requestor/Consulta	ant unless other arrangements are mad	de.
Mont	erey County Office U	se Only
Date:	Haz Mat Specia	list:
	Base Fee for Work Plan	Review is \$854.00/first 4 hours =
	\$ Additional ho	urs \$213.00 each x hr(s) = \$
Processed by:	SR	IN