

APPLICATION FOR SITE MITIGATION INSPECTION AND/OR WORK PLAN REVIEW

Requestor/Consultant**

Company Name: _____ Date: _____

Applicant's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ - _____ Fax 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) _____

(Current) _____

I agree to pay all fees at time of application and pay subsequent fees that may accrue. I am the (check one): -property owner; -legal agent for property owner.

Print Name

Signature

*****Invoices will be sent to Requestor/Consultant unless other arrangements are made.***

----- Monterey County Office Use Only -----

Date: _____

Haz Mat Specialist: _____

Base Fee for Work Plan Review is \$854.00/first 4 hours =
\$ _____ Additional hours \$213.00 each x _____ hr(s) =
\$ _____

Processed by: _____ SR _____ IN _____