

Monterey County Health Department
Environmental Health Bureau
A Certified Unified Program Agency

1270 Natividad Road, Salinas, CA 93906
Office (831)755-4511, Fax (831)796-8698

200 Broadway St, Suite 70, King City, CA 93930
Office (831)385-6899, Fax (831)385-0573

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 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 \$684.00/first 4 hours = \$ _____

Additional hours \$171.00 each x _____ hr(s) = \$ _____

- Cash - Credit Card - Check No.: _____

Processed by: _____ SR _____ IN _____