

MONTEREY COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH BUREAU  
A CERTIFIED UNIFIED PARTICIPATION AGENCY

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

620 Broadway, Ste. N.  
King City, CA 93930  
(831) 386-6899  
FAX (831) 385-0573

**APPLICATION FOR SITE MITIGATION INSPECTION  
AND/OR WORK PLAN REVIEW**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) - Ext: \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner's

Mailing Address: \_\_\_\_\_ City:

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

**SITE INFORMATION:**

Site Location: \_\_\_\_\_ APN #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Property

Use (Former): \_\_\_\_\_ (Current): \_\_\_\_\_

Adjacent Property Uses: (Former): \_\_\_\_\_

(Current): \_\_\_\_\_

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

----- **OFFICE USE ONLY** -----

Date: \_\_\_\_\_ Haz Mat Specialist: \_\_\_\_\_

-Cash -Check No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Base fee for Work Plan review is \$608.00/first 4 hours = \_\_\_\_\_

Additional hours \$152.00 Each \_\_\_\_\_ = \_\_\_\_\_

Total Charge = \_\_\_\_\_

WP # \_\_\_\_\_

SR000 \_\_\_\_\_