



**MONTEREY COUNTY
RESOURCE MANAGEMENT AGENCY
LAND USE & COMMUNITY DEVELOPMENT
REVISION**

REVISION NUMBER

REVISION CONSTRUCTION PERMIT APPLICATION

- BUILDING**
 ELECTRICAL
 PLUMBING
 MECHANICAL
 GRADING

PROJECT ADDRESS		CITY	ZIP
ASSESSOR'S PARCEL NUMBER	PERMIT NUMBER		
APPLICANT: <input type="checkbox"/> OWNER <input type="checkbox"/> OWNER-BUILDER <input type="checkbox"/> OWNER'S AGENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONTRACTOR'S AGENT <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> DEVELOPER <input type="checkbox"/> TENANT			
APPLICANT NAME	PHONE	E-MAIL	
STREET ADDRESS	CITY, STATE, ZIP	FAX	
CHANGE TO: <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> OWNER <input type="checkbox"/> OWNER-BUILDER <input type="checkbox"/> OWNER'S AGENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONTRACTOR'S AGENT <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> DEVELOPER <input type="checkbox"/> TENANT			
NAME	LICENSE NUMBER	LICENSE TYPE	
COMPANY NAME	E-MAIL	FAX	
STREET ADDRESS	CITY, STATE, ZIP	PHONE	
DESCRIPTION OF CHANGES			

REV. REMODEL SQ. FT.	OFFICE USE ONLY				
	OCC. GROUP	TYPE	DESCRIPTION	SQ. FT.	VALUATION
REV. SQ. FT. ADDED					
REV. ESTIMATED CUT/FILL (CU. YDS)					
REV. AREA OF DISTURBANCE	PLANNING APPLICATION #	APPLICATION RECEIVED BY:			TOTAL VALUATION:

By my signature below, I certify to each of the following: I am the property owner or authorized agent to act on the property owner's behalf. I have read this application and the information I have provided is correct. I have read the Description of Work and verify it is accurate. I agree to comply with all applicable county ordinances and state laws relating to building construction. I authorize representative of the County of Monterey to enter the above-identified property for inspection purposes. I have received and will comply with BMP Guidance Series for stormwater management.

Applicant/Agent Print: _____ Signature: _____ Date: _____

Time limitation of application. An application for a permit for any proposed work shall expire 365 days after the date of filing unless a permit has been issued or the Building Official has granted an extension of time.

OFFICE USE ONLY – ROUTING SLIP						
<input type="checkbox"/> BUILDING PLAN REVIEW <input type="checkbox"/> CODE ENFORCEMENT <input type="checkbox"/> ENVIRONMENTAL HEALTH <input type="checkbox"/> PUBLIC WORKS, ENCROACHMENT <input type="checkbox"/> PUBLIC WORKS, SPECIAL DISTRICTS <input type="checkbox"/> RMA-ENVIRONMENTAL SERVICES <input type="checkbox"/> WATER RESOURCES <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> PLANNING DEPT DATE: _____	<input type="checkbox"/> FIRE DEPARTMENT					
	<input type="checkbox"/> AROMAS/TRI-COUNTY <input type="checkbox"/> CACHAGUA <input type="checkbox"/> CDF/COASTAL <input type="checkbox"/> CDF/SOUTH COUNTY <input type="checkbox"/> CDF/CENTRAL	<input type="checkbox"/> CARMEL HIGHLANDS <input type="checkbox"/> CYPRESS <input type="checkbox"/> CARMEL VALLEY <input type="checkbox"/> GONZALES <input type="checkbox"/> GREENFIELD	<input type="checkbox"/> MISSION SOLEDAD <input type="checkbox"/> NORTH COUNTY <input type="checkbox"/> PEBBLE BEACH CSD <input type="checkbox"/> M.C. REGIONAL FIRE	CONDITIONS OF APPROVAL <input type="checkbox"/> HOLD ROUGH /FINAL <input type="checkbox"/> FIRE SPRINKLERS <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> UNDERGROUND INSPECTION <input type="checkbox"/> 30' CLEARANCE FLAMMABLE VEGET. <input type="checkbox"/> MIN CLASS <input type="checkbox"/> ROOF <input type="checkbox"/> NUMBERS POSTED <input type="checkbox"/> ATTACH CONDITIONS TO PLANS		
	APPROVAL BY: _____		DATE: _____			
	FIRE MITIGATION FEES DUE: \$ _____					
REVIEWED BY: _____	<input type="checkbox"/> PLANNING REVIEW REQUIRED <input type="checkbox"/> PLANNING REVIEW COMPLETE AND APPROVED				PLANNING FEES DUE \$ _____	

APPLICANT TO BRING IN JOB PERMIT CARD AND JOB COPY OF PLANS AT ISSUANCE.
REVISION PERMIT CANNOT BE ISSUED WITHOUT BOTH ITEMS.

I as the property owner or authorized agent acknowledge and understand this requirement.

Applicant/Agent Print: _____ Signature: _____ Date: _____