

MONTEREY COUNTY RESOURCE MANAGEMENT AGENCY

Carl P. Holm, AICP, Director



LAND USE & COMMUNITY DEVELOPMENT | PUBLIC WORKS & FACILITIES | PARKS

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(831)755-4800

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SIMPLE PERMIT APPLICATION

PROJECT ADDRESS		ASSESSOR'S PARCEL NUMBER	
CITY		ZIP	NEAREST CROSS STREET
OWNER NAME		PHONE	E-MAIL
STREET ADDRESS		CITY, STATE, ZIP	FAX
CONTRACTOR NAME		COMPANY NAME	
STREET ADDRESS		CITY, STATE, ZIP	
PHONE	FAX	E-MAIL	
DESCRIPTION OF WORK			
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL VALUATION: \$ _____		<input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED Manufactured Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
NUMBER OF BUILDINGS: _____			
<input type="checkbox"/> REROOF: Existing Roof Type: _____ Proposed Roof Type: _____ Remove And Replace: <input type="checkbox"/> Yes <input type="checkbox"/> No Ply Thickness: <input type="checkbox"/> 1/2" <input type="checkbox"/> 5/8" <input type="checkbox"/> _____ Ply Type: <input type="checkbox"/> OSB <input type="checkbox"/> CDX Sq Ft: _____ Weight Per Sq Ft. _____ Lbs PITCH: _____ :12 Number of Layers: _____ Roof Classification: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> NR CRRC Product ID: _____ Existing Color: _____ Manufacturer Proposed Roof Color: _____ Manufacturer Name: _____ Manufacturer Model: _____			
CONTRACTOR PLEASE INITIAL ONE OR OWNER PRINT AND SIGN		_____ I, as the responsible Licensed Contractor for the project, shall verify smoke detectors are installed in accordance with CBC Section 907.2.11 and are in working condition prior to final sign-off. _____ I, as the responsible Licensed Contractor for the project, acknowledge that smoke detectors will be inspected to verify they are installed in accordance with CBC Section 907.2.11 and are in working condition prior to final sign-off. I declare that I am the property owner and verify smoke detectors are installed in accordance with CBC Section 907.2.11 and are in working condition prior to final sign-off.	
Owner Name Print		Owner Signature	
		Date	
<input type="checkbox"/> PLUMBING: <input type="checkbox"/> _____ # Gallon Water Heater <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Propane			
Existing Tank Type: _____ Proposed Tank Type: _____ New Tank Manufacturer: _____ New Tank Model Name/No.: _____ Existing Fuel Source: _____			
Existing BTUs/Watts: _____ Proposed BTUs/Watts: _____ REPAIR: <input type="checkbox"/> Gas line <input type="checkbox"/> Water line <input type="checkbox"/> Sewer line			
<input type="checkbox"/> MECHANICAL: FAU Change Out: <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas _____ BTU			
<input type="checkbox"/> ELECTRICAL: <input type="checkbox"/> Replace existing _____ amp panel. (200 amp max) <input type="checkbox"/> Add/Replace _____ circuits			

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor: _____ Date: _____

License Class: _____ License Number: _____

WORKER'S COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

_____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number is:

Name of Agent: _____ Phone: _____

Carrier: _____ Policy #: _____ Expiration Date: _____

_____ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Applicant Name	Applicant Signature	Date
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Note to Applicant: If, after making the Certificate of Exemption, you should become subject to the Worker's Compensation Law of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

FOR OFFICE USE ONLY	
Permit Number: _____	Date Issued: _____
Permit Issued By - Print Name: _____	Signature: _____
Valuation: _____ PC Fee: _____	Permit Fee: _____
SMIP: _____	Zoning Fee: _____