

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 _____