

CITY OF SALINAS PERMIT APPLICATION

Application No. _____

PLEASE PRINT OR TYPE APPLICATION

Project Location _____	Address _____	Suite # _____	Assessors Parcel # _____
Previous Use _____			
Description of Proposed Work _____			
\$ _____	_____	Yes _____ No _____	_____
Valuation	# of plans sub.	Sprinklered	Stories
		Occupancy	Type of Const.

Owner	_____		_____	
	Last Name/Company Name		First Name	
Applicant? Y/N	_____		_____	
	Address		Suite #	
	_____	_____	(____) _____	(____) _____
	City	State	Zip Code	Phone #
	E-Mail Address		_____	

Contractor or Business Owner	_____		_____	
	Last Name/Company Name		First Name	
Applicant? Y/N	_____		_____	
	Address		Suite #	
	_____	_____	(____) _____	(____) _____
	City	State	Zip Code	Phone #
	E-Mail Address		_____	
	_____	_____	_____	
	Contractors Lic. #	Workers Comp. Carrier	Workers Comp Ins. #	

Arch/Engr.	_____ \ _____		_____	
	Last Name/Company Name		Arch/Engr Lic.#	
Applicant? Y/N	_____		_____	
	Address		Suite #	
	_____	_____	(____) _____	(____) _____
	City	State	Zip Code	Phone #
	E-Mail Address		_____	

DECLARATION: I hereby affirm that under the penalty of perjury that I am (the agent of) the property owner and information in this application is correct/complete.

Applicant Signature: _____ Date _____

OFFICE USE ONLY		
Valuation \$ _____	Plan Check Fee \$ _____	Plan Check Receipt No. _____
Date Received: _____	Date Permit Issued: _____	
Misc. Info. _____		