
Paperless Permit Instructions: How to Make a Payment

Revised June 2023



City of Salinas

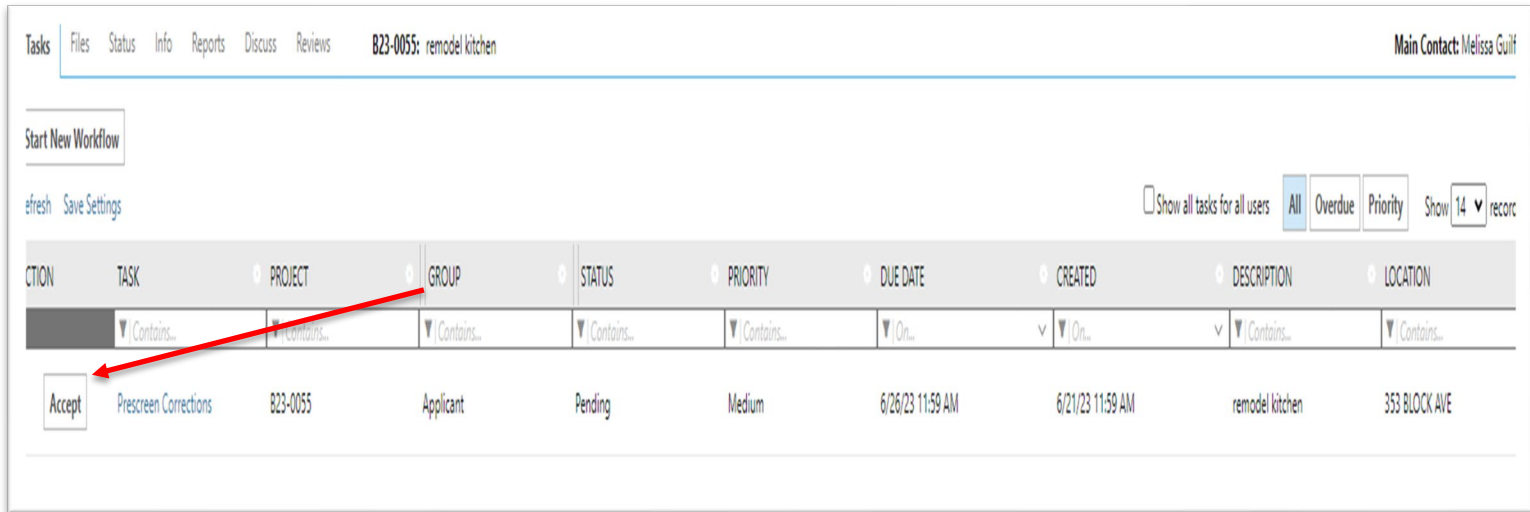
COMMUNITY DEVELOPMENT DEPARTMENT

65 W. Alisal Street • Salinas, California 93901
(831) 758-7251 • (831) 758-7938 (Fax) • www.ci.salinas.ca.us

Prescreen Corrections Instructions

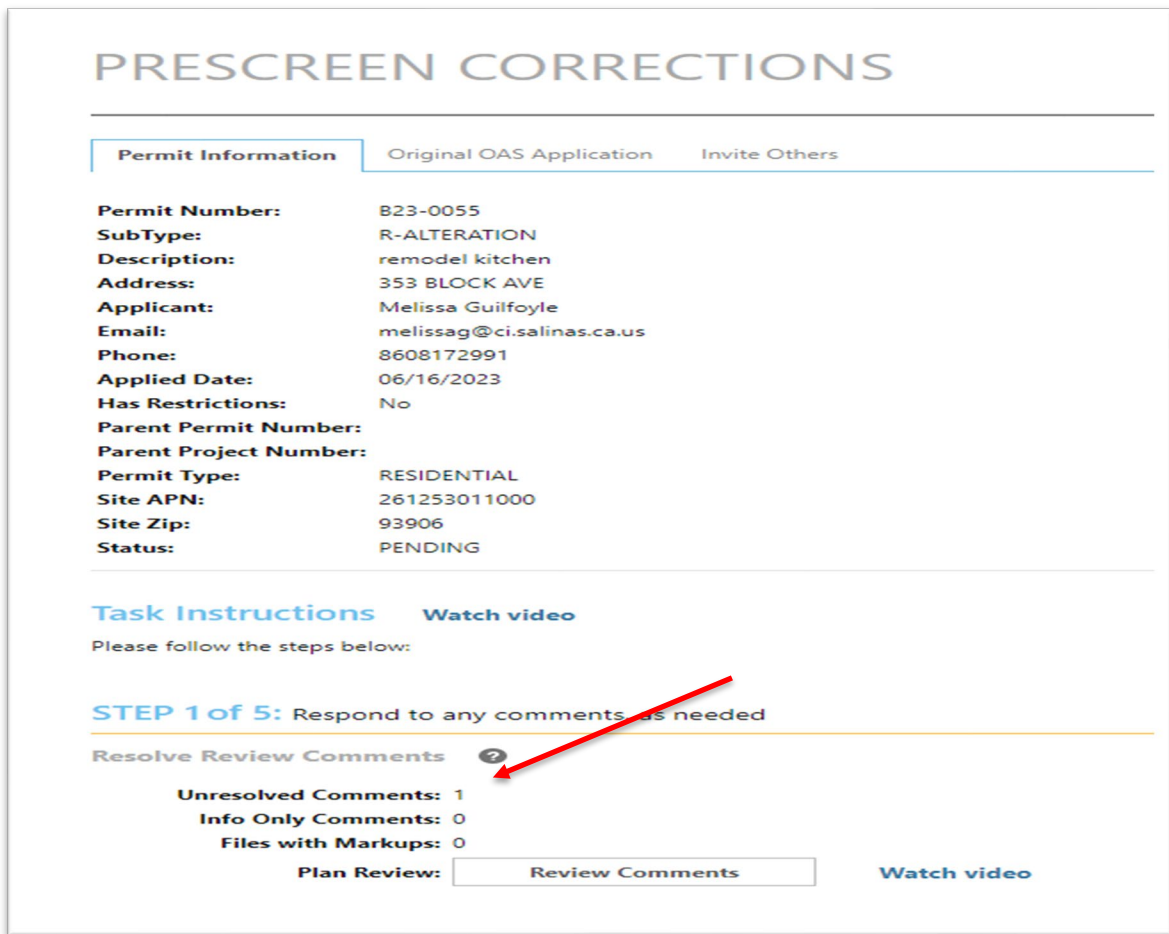
Click the “Accept” button.

- In the “Tasks” tabs you will see the Task “Prescreen Corrections”.



A dialog window will appear with 5 steps.


- If you have any unresolved comments, please respond to the comments before proceeding.



Complete Step 2 by clicking the box labeled “Yes”.

- If you are resubmitting drawings or documents, please make sure the names match exactly.

STEP 2 of 5: Upload any new or updated files into this project

Version Upload for: B23-0055 

Select "Versioned Files" to upload files as new version updates for files previously submitted and received.
Select "New Files" to upload any additional new file into this project as requested.





Versioned Files New Files

Are your updated files named exactly the **same*** as the prior versions? [Watch video](#)

** "name-v2.pdf" is not an "exact" file name match to "name.pdf"*

Uploaded files:

Select folder to open file list.

- ▶  Drawings (1 - 0 New)
-  Documents
-  Issuance
-  Approved

To complete Step 3 select “Credit Card or eCheck” next to “Payment Method”.

- Please select this option from the drop-down menu.

STEP 3 of 5: Identify if payment will be made in Check or Credit Card

Payment

Fee Amount: \$1.50

Payment Method: Credit Card or eCheck Bank Account ▼

To complete Step 4 check the two required boxes.

- If these boxes are not selected, you will not be able to advance to the payment screen.

STEP 3 of 5: Identify if payment will be made in Check or Credit Card

Payment

Fee Amount: \$1.50

Payment Method: --Select-- ▼

STEP 4 of 5: Check all to confirm you have completed this task and are now ready to submit

Confirmation ?

*Response has been provided for all comments and files have been uploaded (if requested) *Required

*I acknowledge the plan review process will not proceed until payment has been made *Required


STEP 5 of 5: Click the "Submit" button below to complete your task

Submit Save for Later

To complete Step 5 select the “Submit” button.

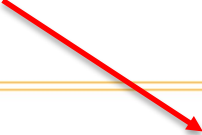
- If you are not able to pay immediately you may choose the “Save for Later” button.

STEP 4 of 5: Check all to confirm you have completed this task and are now ready to submit

Confirmation 

- *Response has been provided for all comments and files have been uploaded (if requested) *Required
- *I acknowledge the plan review process will not proceed until payment has been made *Required

STEP 5 of 5: Click the "Submit" button below to complete your task



Please fill out your billing information and press the “Submit” button.

- A window will appear prompting you to fill out your billing information.

Billing Information

Amount Due \$1.50

Company Name

First Name *


Last Name *

Address 1 *

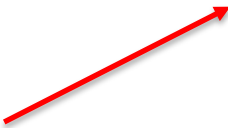
City *

Province/State *

Postal Code/Zip Code *

Country * 

Note: Payment information will be entered on the following secure page.



Please fill out your credit card information and press the “Pay” button.

- A window will appear prompting you to fill out your credit card information.

Order Summary

PO Number B23-0055 Total \$ 1.50

Credit Card

Bank Account (USA Only)



Card Number *

Exp. Date *

Card Code

Billing Address

First Name

Jane

Last Name

Doe

Billing Country

USA

Zip

93901

Street Address

65 West Alisal

City

Salinas

State

CA

Phone Number

Pay

Cancel

