CITY OF SALINAS **DEVELOPMENT & PERMIT SERVICES DEPARTMENT**
65 West Alisal Street Salinas, California 93901 Phone: (831) 758-7251 Fax: (831) 758-7938

Building Permit Application

Valuation:			Date:			Permit:	
Commercial	**Residential**	Building	Mechanical	Electrical	Plumbing	Solar	Other:

PROPERTY INFORMATION

Property Address:	Suite:
Scope of Work:	

APPLICANT

Name:		
Address:		
Phone:	Fax:	Email Address:

CONTACTS

Designer:			
Phone:	Fax:	Email Address:	
Architect:			License:
Phone:	Fax:	Email Address:	
Engineer:			License:
Phone:	Fax:	Email Address:	

PROPERTY DETAILS

Construction Type:	Occupancy :
Square Footage:	Building Code :
Fire Sprinkler:	NPDES :
FEMA:	Final Clearance:

_____ *I understand that solid waste removal and recycling shall be completed in accordance with Salinas City Code Section 14-7, 14-11, 14-20. For further information please contact SVSWA (831) 775-3000.*

_____ *I understand the contractor shall conform with the requirements of the current adopted State Construction General Permit Requirements including properly installing and maintaining construction BMPs.*

_____	_____	_____
PRINTED NAME	**SIGNATURE**	**DATE**

Building Engineering Fire Planning Code Other: MRWPCA Health Other: