GRADING PERMIT APPLICATION

APPLICANT TO COMPLETELY FILL OUT LEFT HAND COLUMN

APPLICATION DATE | **PERMIT NO.**

JOB SITE

JOB ADDRESS

ASSESSOR'S PARCEL NO | **MAP NO.** | **LOT NO.**

EFFECTIVE DATE | **CAB**

EXPIRATION DATE | **COASTAL PERMIT _____**

PROPERTY OWNER

NAME (OR NAME OF BUSINESS)

MAILING ADDRESS

CITY, STATE, ZIP **TELEPHONE**

PLAN OF WORK:
RECEIVED _____
PLAN # _____ **APPROVED** _____

CONTRACTOR

NAME

ADDRESS

CITY, STATE, ZIP **TELEPHONE**

STATE LICENSE NO. AND TYPE

COST ESTIMATE:
RECEIVED _____ **APPROVED** _____
VALUATION $ _____

CIVIL ENGINEER

NAME

ADDRESS

CITY, STATE, ZIP **TELEPHONE**

REGISTRATION NO.

SECURITY:
AMOUNT $_____ **TYPE:** ___CASH
___LETTER OF CREDIT
___COVENANT
___OTHER

SOILS ENGINEER

NAME

ADDRESS

CITY, STATE, ZIP **TELEPHONE**

REGISTRATION NO.

PERMIT CHARGES:

APPL. DEP. ( )	INSP. DEP. ( )	OTHER ( )
$_____	$_____	$_____
R.N._____	R.N._____	R.N._____

TOTAL FEES DUE $_____

SECURITY AND DEPOSIT EXCESS RETURNED TO:

___OWNER **DATE:**_____
___CONTRACTOR **AMOUNT:**_____
___OTHER

Number of cubic yards

Cut	Fill	Import	Export

The following documents are required and shall become a part of the grading permit when they are approved.

_____Grading Plans _____Final Eros. Control Plan
_____Soil Report _____Geological Report
_____Drainage Study _____Work Schedule
_____Interim Ero. Cntl. Plan _____Landscape/Irrig. Plan

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City ordinances and State laws regulating excavating and grading, and the provisions and conditions of any permit issued pursuant to this application.

SIGNATURE (OWNER OR AGENT) **DATE SIGNED**

PRINT NAME **TELEPHONE**

CHECK IF: _____**OWNER** _____**AGENT** _____**OTHER**

PERMIT ISSUED BY | **DATE ISSUED**

INSPECTION	DATE	INSP. SIGNATURE
Initial-site prep.		
Rough-prior to drains		
Compaction Reports Rec'd.		
Private Engr. Cert. Rec'd.		
Final-Slopes Planted		

Copies: