Project Address: 1234 Seal Beach	PUBLIC WORK	S PERMIT	Issued:		Permit Number:	
Boulevard, Seal Beach, CA 90740	City of Seal Beach				DPW04945	
Cross St. & Notes: Seal Beach	211 8th Street		Peri	mit Type:	<b>Grading Permit</b>	
	Seal Beach, C	A 90740		,	J	
	Tel: (562) 431-252	27 ext.1317			Permit Issued by:	
	, , , , , , , , , , , , , , , , , , , ,		Permit issued by.			
Description of Work: Grading Permit for 123	4 Seal Beach Boulevard					
Owner Name, Address, Phone and Email:						
Applicant Name, Address, Phone and Email:						
Contractor Name and Address:						
Phone: EMERGENCY:		Contractor Lice	nse:	City Busi	ness License #:	
Email:					'	
STANDARD DECLARATION		Working Days:		Expiration:		
I hereby acknowledge that I have read this application and state that this is correct and agree to comply with the requirements of the permit, all City ordinances, standards,		CONDITIONS OF APPROVAL:		<u> </u> 		
specifications, state laws, the <b>Greenbook: Standard Specifications for Public Works</b>		1. Call underground service alert (USA) 48 hours before starting work (800) 422-4133 2. Call Public Works Inspections 48 hours before starting work (562) 431-2527 ext. 1414 OR 1319				
Construction, latest edition, and The Watch Handbook, latest edition and the attached						
Standard Conditions of Approval.						
LICENSED CONTRACTOR'S DECLARATION  I hereby affirm that I am licensed under provision of Chapter 9 (commencing with		Special Conditions:				
Section 7000) of Division 3 of the Business and Professions Code,	and my license is in full force					
and effect.		Face				
License No.: Lic. Class: City License No.:		Fees				
City License No				1		
WORKER'S COMPENSATION DECLARATION						
I hereby affirm that I have a certificate of consent to selfinsure, or a certificate of		Application Fee		\$198.00		
Workers' Compensation Insurance, or a certified coy thereof (Sec. 3800, Lab. C).						
Policy No.						
Company Certified Copy is hereby furnished		Inspection Fee				
Certified copy is filed with the City.		(20 Hours)		\$3,960.00		
NDPES/STORMWATER QUALITY THRESHOLD DECLARAT	TION	,				
( <u>www.ocwatersheds.com</u> )						
1.) Soil Movement (Y/N):						
2.) Uncovered Material Storage (Y/N): 3.) Cementaceous Exterior Mixing (Y/N):						
4.) Disturbed Soil =1 + Acre:(Y/N):						
WDID #:						
I hereby acknowledge that if any of these items has been					44.450.00	
that I received materials and read the relevant conditions of approval		Total Collected		\$4,158.00		
from the City and I am aware of the appropriate stormwa could be fines and/or other legal remedies if compliance						
,						
V		Receipt #				
X– Sign and Date		receipt #				
(Authorized Agent)						
		Return Deposit	t To:			
		Applicant	Owner Contractor			
	Route To:					
	Applicant Inspector Finance					
		☐ Engineering				
		LUBILICEIIII	Б			