Project Address: 1234 Seal Beach Boulevard, Seal Beach, CA 90740			Issued: 11/28/2	2023	Permit Number: DPW04945
•	City of Seal Beach				
Cross St. & Notes: Seal Beach	211 8th St	reet	Permit Type: Plan Check		
	Seal Beach, C	A 90740			
	Tel: (562) 431-2527 ext.1317		Permit Issued by:		
Description of Work: Grading Plan Check for	or 1234 Seal Beach Boul	evard for a 4+ D	welling L	<b>Jnits</b>	
Owner Name, Address, Phone and Email:					
Applicant Name, Address, Phone and Email:					
Contractor Name and Address:					
Phone: EMERGEN	ICY:	Contractor Licer	ise:	City Busi	iness License #:
Email:				city Duoi	mess income m
STANDARD DECLARATION		Working Days:		Evniratio	
hereby acknowledge that I have read this application and state that this is correct and		WOIKING Days.		Expiration: 1/27/2024	
agree to comply with the requirements of the permit, all	CONDITIONS OF APPROVAL:				
specifications, state laws, the Greenbook: Standard Specifications	1. Call underground service alert (USA) 48 hours before starting				
Construction, latest edition, and The Watch Handbook,	Work (800) 422-4133				
Standard Conditions of Approval.	2. Call Public Works Inspections 48 hours before starting work (562) 431-2527 ext. 1414 OR 1319				
LICENSED CONTRACTOR'S DECLARATION I hereby affirm that I am licensed under provision of Chal	Special Conditions:				
Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.		Food			
License No.: , Lic. Class: ,		Fees			
City License No.: ,					
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		Permit Fee		\$198.00	
Company					
Certified Copy is hereby furnished Certified copy is filed with the City.		Plan Check Fee			
		Covers up to 3 Plan Checks		Based on T&M w/ Deposit	
NDPES/STORMWATER QUALITY THRESHOLD DECLARAT	TION				
( <u>www.ocwatersheds.com</u> )					
1.) Soil Movement (Y/N):		Plan Archival Fee		Based on T&M w/ Deposit	
2.) Uncovered Material Storage (Y/N): 3.) Cementaceous Exterior Mixing (Y/N):					
4.) Disturbed Soil =1 + Acre:(Y/N): WDID #:					
[		Inspection Hours	5		
I hereby acknowledge that if any of these items has been					
that I received materials and read the relevant conditions of approval from the City and I am aware of the appropriate stormwater pollution laws a could be fines and/or other legal remedies if compliance is not obtained.		Total Collected		Based on T&M w/ Deposit	
X– Sign and Date		Receipt #			
(Authorized Agent	t)				
		Return Deposit	ırn Deposit To:		
Requires a 10% Bond		Manlicont Owner Contractor			
		Applicant Owner Contractor			
-		Route To:	☐Inspector ☐Finance		
		Applicant			
		Engineering			