Project Address: 1234 Seal Beach	PUBLIC WORK	S PERMIT			Permit Number:
Boulevard Seal Beach, CA 90740	City of Seal Beach		11/28/	2023	DPW04945
Cross St. & Notes: Seal Beach	211 8th Street			Permit	Type: Plan Check
	Seal Beach, CA	A 90740			71- (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	Tel: (562) 431-252				
	Tel. (302) 431-2327 ext.1317		Permit Issued by:		
Description of Work: Grading Plan Check for	r 1234 Seal Beach Blvd	for a <mark>Commerc</mark> i	al/Indus	trial - II	(>5,000 SF)
Owner Name, Address, Phone and Email:					
Applicant Name, Address, Phone and Email:					
Contractor Name and Address:					
one: EMERGENCY:		Contractor License:		City Business License #:	
Email:					
TANDARD DECLARATION		Working Days:		Expiration: 1/27/2024	
I hereby acknowledge that I have read this application and agree to comply with the requirements of the permit, all C	CONDITIONS OF APPROVAL:				
specifications, state laws, the Greenbook: Standard Speci	1. Call underground service alert (USA) 48 hours before starting				
Construction, latest edition, and The Watch Handbook, la	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 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.		Fees			
License No.: , Lic. Class: ,		1 663			
City License No.: ,					,
WORKER'S COMPENSATION DECLARATION	Application Fee			\$198.00	
I hereby affirm that I have a certificate of consent to selfin	sure,				
or a certificate of Workers' Compensation Insurance, or a certified coy there	enf (Sec. 3800 Tab. C)				
Policy No	Permit Fee		\$198.00		
Company					
Certified Copy is hereby furnished Certified copy is filed with the City.		Plan Check Fee			
certained copy is lined with the enty.		Covers up to 3 Plan Checks		Based on T&M w/ Deposit	
NDPES/STORMWATER QUALITY THRESHOLD DECLARATI	ON				
(<u>www.ocwatersheds.com</u>) 1.) Soil Movement (Y/N):					
2.) Uncovered Material Storage (Y/N):		Plan Archival Fee		Based on T&M w/ Deposit	
3.) Cementaceous Exterior Mixing (Y/N):					
4.) Disturbed Soil =1 + Acre:(Y/N): WDID #:					
		Inspection Hours	S		
I hereby acknowledge that if any of these items has been a					
that I received materials and read the relevant conditions of approval from the City and I am aware of the appropriate stormwater pollution laws and ther could be fines and/or other legal remedies if compliance is not obtained.		Total Collected		Based on T&M w/ Deposit	
V					
X – Sign and Date		Receipt #			
(Authorized Agent)					
		Return Deposit To:			
Requires a 10% Cash Bond					
		Applicant Owner Contractor			
	Route To:				
	Applicant Inspector Finance				
	Engineering				