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Project Address: 1234 Seal Beach	PUBLIC WORK	S PERMIT	Issued: Permit Numb 11/28/2023 DPW04945		Permit Number:
Boulevard, Seal Beach, CA 90740	City of Seal Beach		11/20/	2025	DPW04945
Cross St. & Notes: Seal Beach	211 8th Street		Permit Type: Plan Check		
	Seal Beach, C	A 90740			
	Tel: (562) 431-252	27 ext.1317			
15 (552) 152 25				Permit Issued by:	
Description of Work: Grading Plan Check fo	r 1234 Seal Beach Blvd	for a <mark>Commerci</mark>	al/Indus	trial - I (<5000 SF)
Owner Name, Address, Phone and Email:					
Applicant Name, Address, Phone and Email:					
Contractor Name and Address:					
Phone: EMERGENCY:		Contractor License:		City Business License #:	
Email:					
FANDARD 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 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, la					
Standard Conditions of Approval.					
LICENSED CONTRACTOR'S DECLARATION	Special Conditions:				
I hereby affirm that I am licensed under provision of Chapter 9 (commencing with					
Section 7000) of Division 3 of the Business and Professions Code, a	and my license is in full force				
and effect.		Fees			
License No.: , Lic. Class: ,		. 555			
City License No.: ,					
WORKER'S COMPENSATION DECLARATION	Application Fee		\$198.00		
I hereby affirm that I have a certificate of consent to selfin or a certificate of	sure,				
Workers' Compensation Insurance, or a certified coy there	eof (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		\$7,521.00	
NDPES/STORMWATER QUALITY THRESHOLD DECLARATI (www.ocwatersheds.com)	ION				
1.) Soil Movement (Y/N):					
2.) Uncovered Material Storage (Y/N):	Plan Archival Fee		\$154.38		
3.) Cementaceous Exterior Mixing (Y/N): 4.) Disturbed Soil =1 + Acre:(Y/N):					
WDID #:					
	and the affirmative	Inspection Hour	S		
I hereby acknowledge that if any of these items has been a that I received materials and read the relevant conditions					
from the City and I am aware of the appropriate stormwat	Total Collected		\$8,071.38		
could be fines and/or other legal remedies if compliance is not obtained.					
X– Sign and Date(Authorized Agent)		Receipt #			
		· .			
		Return Deposit To:			
Requires a 10% Bond		<u></u>			
		Applicant Owner Contractor			
		Route To:			
	Applicant Inspector Finance				
	Engineering				
	nrigineering				