Project Address: 1234 Seal Beach Boulevard Seal Beach, CA 90740		PUBLIC WORKS PERMIT City of Seal Beach		Issued: 11/28/2023		Permit Number: DPW04945
Cross St. & Notes: Seal Beach		211 8th Street Seal Beach, CA 90740		Permit Type: Plan Check		
		Tel: (562) 431-2527 ext.1317		Permit Issued by:		
Description of Work: Grading Pla	<mark>in Check</mark> fo	r 1234 Seal Beach Boul	evard for a <mark>Dou</mark>	ble/Tripl	e Dwelli	ing Unit Residential
Owner Name, Address, Phone and	l Email:					
Applicant Name, Address, Phone a	and Email:					
Contractor Name and Address:						
Phone: Email:	EMERGEN	CY:	Contractor License:		City Business License #:	
STANDARD DECLARATION			Working Days:		Expiratio	on: 1/27/2024
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, specifications, state laws, the <b>Greenbook: Standard Specifications for Public Works</b> <b>Construction</b> , latest edition, and <b>The Watch Handbook</b> , latest edition and the attached <b>Standard Conditions of Approval</b> . <b>LICENSED CONTRACTOR'S DECLARATION</b> I hereby affirm that I am licensed under provision of Chapter 9 (commencing with Section			CONDITIONS OF APPROVAL: 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 Special Conditions:			
7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. License No.: , Lic. Class: , City License No.: ,			Fees			
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			Permit Fee		\$198.00	
Certified Copy is hereby furnished Certified copy is filed with the City.		Plan Check Fee				
		Covers up to 3 Plan Checks			\$6 <i>,</i> 447.00	
NDPES/STORMWATER QUALITY THRESHC (www.ocwatersheds.com)	OLD DECLARAT	ION				
1.) Soil Movement (Y/N): 2.) Uncovered Material Storage (Y/N): 3.) Cementaceous Exterior Mixing (Y/N): 4.) Disturbed Soil =1 + Acre:(Y/N):		Plan Archival Fee			\$132.9	
WDID #: I hereby acknowledge that if any of these items has been answered in the affirmative			Inspection Hours			
that I received materials and read the relevant conditions from the City and I am aware of the appropriate stormwat could be fines and/or other legal remedies if compliance is		ter pollution laws and there	Total Collected		\$6,975.90	
X-Sign and Date(Aut	horized Agent)		Receipt #			
			Return Deposit To:			
Requires a 10%	h Bond	Applicant	Applicant Owner Contractor			
Requires a 10% Cash Bond			Route To:			
			Applicant Inspector Finance			
			Engineering			