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|---|--|--------------------------------|-----------------------------------|
| Project Address: 1234 Seal Beach Boulevard, Seal Beach, CA 90740 | PUBLIC WORKS PERMIT City of Seal Beach 211 8th Street Seal Beach, CA 90740 Tel: (562) 431-2527 ext.1317 | Issued: | Permit Number: DPW04945 |
| Cross St. & Notes: Seal Beach | | Permit Type: Plan Check | |
| | | Permit Issued by: | |

Description of Work: Grading and WQMP Plan Check for 1234 Seal Beach Blvd for a 4+ Dwelling Units

Owner Name, Address, Phone and Email:

Applicant Name, Address, Phone and Email:

Contractor Name and Address:

| | | | |
|---------------|-------------------|----------------------------|---------------------------------|
| Phone: | EMERGENCY: | Contractor License: | City Business 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, specifications, state laws, the **Greenbook: Standard Specifications for Public Works 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 Section 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.:

WORKER'S COMPENSATION DECLARATION
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C).
Policy No. _____
Company _____
____ Certified Copy is hereby furnished
____ Certified copy is filed with the City.

NDPES/STORMWATER QUALITY THRESHOLD DECLARATION
(www.ocwatersheds.com)
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 answered in the affirmative, 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 there could be fines and/or other legal remedies if compliance is not obtained.

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:

Fees

| | |
|--|-------------------------|
| Application Fee | \$198.00 |
| Permit Fee | \$198.00 |
| Plan Check Fee Covers up to 3 Plan Checks | Based on T&M w/ Deposit |
| WQMP Covers up to 3 Plan Checks | Based on T&M w/ Deposit |
| Plan Archival Fee | Based on T&M w/ Deposit |
| Inspection Hours | |
| Total Collected | Based on T&M w/ Deposit |
| Receipt # | |

X Sign and Date _____
(Authorized Agent)

Return Deposit To:

Applicant Owner Contractor

Route To:

Applicant Inspector Finance
 Engineering

Requires a 10% Bond