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Permit Type: Plan Check Seal Beach, CA 90740 Tel: (562) 431-2527 ext.1317 Permit Issued by:	Boulevard, Seal Beach, CA 90740	City of Seal	Beach			DPW04945
Seal Beach, CA 90740 Tel: (562) 431-2527 ext.1317 Permit Issued by: Description of Work: Grading and WQMP Plan Check for 1234 Seal Beach Blvd for a Commercial / Industrial - 1 (<5,000 SF) Owner Name, Address, Phone and Email: Contractor Name and Address: Phone: Email: STANDABD DECLARATION Inhereby 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, agreeding to comply with the requirements of the permit, all city ordinances, standards, agreeding that it have read this application and state that this is correct and agree to comply with the requirements of the permit, all city ordinances, standards, agreeding that it have read this application and the attached standard Conditions of Approval. Undersed Comply with the requirements of the permit, all city ordinances, standards, agreeding that the were all the standard Conditions of Approval. Undersed Comply with the requirements of the permit, all city ordinances, standards, agreeding that the search of the standard Conditions of Approval. Undersed Comply with the requirements of the permit, all city ordinances, standards, agreeding that the search of the standard Conditions of Approval. Undersed Complete with the City. Special Conditions: Permit Fee Special Conditions: Fees Application Fee \$198.00 Application Fee \$198.00 Plan Check Fee Covers up to 3 Plan Checks \$7,521.00 Certified copy is filed with the City. NORDE/STORMWATE Quality THRESHOLD DECLARATION Working Day and Checks \$7,521.00 The Permit Fee \$198.00 Plan Check Fee Covers up to 3 Plan Checks \$7,521.00 Certified Copy is filed with the City. Plan Archival Fee \$261.82 Plan Archival Fee \$261.82 Plan Archival Fee \$198.00 Applicant Contractor Feed Contractor Applicant Contractor Feed Contractor Finance Fees Fees Fees Applicant Contractor Feed Contractor Finance Fees Applicant Contractor Feed Contractor Finance Fees Fees Applicant Contractor Fees F	Cross St. & Notes: Seal Beach	211 8th Street Seal Beach, CA 90740			Dormit	Type: Plan Check
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Owner Name, Address, Phone and Email: Applicant Name, Address, Phone and Email: Contractor Name and Address: Phone: Email: STANDARD DECLARATION Thereby 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, laster detion, and the Watch Handbook, latest edition and the attached Standard Conditions of Approval. LICENSES CONTRACTOR'S DECLARATION Thereby 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 license No: Licen				Permit Issued by:		
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Phone: Email:	Applicant Name, Address, Phone and Email:					
Email: STANDARD DECLARATION In 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, constitution, latest edition, and The Watch Handbook, latest edition and the attached Standard Conditions of Approval. LICENSED CONTRACTOR'S DECLARATION In hereby adshines and Professions Code, and my license is in full force and effect. LICENSED CONTRACTOR'S DECLARATION In hereby adshines and Professions Code, and my license is in full force and effect. LICENSED CONTRACTOR'S DECLARATION WORKER'S COMPENSATION DECLARATION WORKER'S COMPENSATION DECLARATION WORKER'S COMPENSATION DECLARATION Worker'S Compensation insurance, or a certificate of consent to selfinisure, or a certificate of Consent to Selfini	Contractor Name and Address:					
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Special Conditions:	LICENSED CONTRACTOR'S DECLARATION	(562) 431-2527 ext. 1414 OR 1319				
Fees WORKER'S COMPENSATION DECLARATION Hereby affirm that I have a certificate of consent to selfinsure, or a certificate of Worker'S Compensation Insurance, or a certified coy thereof (Sec. 3800, Lab. C). Policy No. Company Certified Copy is hereby furnished Certified Copy is hereby furnished Certified Copy is fled with the City. NDPES/STORMWATER QUALITY THRESHOLD DECLARATION (Noww.Ocwatersheds.com) 1.) Soll Movement (Y/N): 2.) Uncovered Material Storage (Y/N): WIDID #: 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. Receipt # Return Deposit To: Applicant Inspector Finance	I hereby affirm that I am licensed under provision of Chapter 9 (commencing with		Special Conditions:			
Fees	Section 7,000) of Division 3 of the Business and Professions Code	and my license is in full force				
Literase No.: Lic. Class: City License No.: City License No.: WORKER'S COMPENSATION DECLARATION It hereby affirm that I have a certificate of consent to selfinsure, or a certificate of Workers' Compensation Insurance, or a certified coy thereof (Sec. 3800, Lab. C). Policy No. Company Certified Copy is hereby furnished Certified Copy is fied with the City. MOPES/STORMWATER QUALITY THRESHOLD DECLARATION (www.ocwatersheds.com) 1.) Soil Movement (Y/N): 2.) Juncovered Material Storage (Y/N): 3.) Cementaceous Exterior Mixing (Y/N): 4.) Disturbed Soil = 1 + Acre:(Y/N): WIDI #: It 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. Receipt # Return Deposit To: Applicant Inspector Fee \$198.00 Permit Fee \$198.00 Plan Checks \$5,372.00 Plan Checks \$5,372.00 Inspection Hours Total Collected \$13,550.82 Plan Archival Fee \$10 Authorized Agenty Plan Archiv	and effect.		Fees			
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