Project Address: 1234 Seal Beach	PUBLIC WORK	S PERMIT	Issued:		Permit Number:
Boulevard, Seal Beach, CA 90740	City of Seal Beach				DPW04945
Cross St. & Notes: Seal Beach	211 8th Street Seal Beach, CA 90740			Permit	Type: Plan Check
			remit type: Trail circul		
	Tel: (562) 431-252				
	Tell (302) 431 2327 ext.1317		Permit Issued by:		
Description of Work: Grading and WQMP Plan	<mark>n Check</mark> for 1234 Seal Beac	h Blvd for a <mark>Doub</mark>	le/Triple	Dwelling	Unit Residential
Owner Name, Address, Phone and Email:					
Applicant Name, Address, Phone and Email:					
Contractor Name and Address:					
hone: EMERGENCY:		Contractor License:		City Business License #:	
Email:					
STANDARD DECLARATION I hereby acknowledge that I have read this application and state that this is correct and		Working Days:		Expiration:	
agree to comply with the requirements of the permit, all City ordinances, standards,		CONDITIONS OF APPROVAL:			
specifications, state laws, the Greenbook: Standard Spec	Call underground service alert (USA) 48 hours before starting work (800) 422-4133 Call Public Works Inspections 48 hours before starting work (562) 431-2527 ext. 1414 OR 1319				
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		Fees			
and effect. License No.: Lic. Class:					
City License No.:					,
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					
Certified Copy is hereby furnished		Plan Check Fee Covers up to 3 Plan Checks		\$6,447.00	
Certified copy is filed with the City.					
NDPES/STORMWATER QUALITY THRESHOLD DECLARATION		WQMP Covers up to 3 Plan Checks		\$3,223.00	
(www.ocwatersheds.com)					
1.) Soil Movement (Y/N): 2.) Uncovered Material Storage (Y/N):					
3.) Cementaceous Exterior Mixing (Y/N):		Plan Archival Fee		\$197.36	
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		Inspection Hours			
				1	
could be fines and/or other legal remedies if compliance		Total Collected		\$10,263.36	
X_Sign and Date		Possint #			
(Authorized Agent		Receipt #			
Productive Agent	,	Return Deposit To:			
Requires a 10% Bond		<u></u>			
		Applicant Owner Contractor			
	Route To:				
	Applicant Inspector Finance				
		☐ Engineering			