Project Address: 1234 Seal Beach		PUBLIC WORKS PERMIT		Issued:		Permit Number:
Boulevard Seal Beach, CA 90740		City of Seal Beach				DPW04945
Cross St. & Notes: Seal Beach		211 8th Street			Permit	туре: Plan Check
		Seal Beach, CA 90740 Tel: (562) 431-2527 ext.1317		<i>"</i>		
				Permit Issued by:		
Description of Work: Grading and V	VOMP Plai	Check for 1234 Seal Rea	ch Boulevard for	Single [)welling	Init Residential
Owner Name, Address, Phone and		TCHCCK 101 1254 5Cal Bea	CIT DOUIC VAI A TOT	Jingie L	- Weining	ome residential
Applicant Name, Address, Phone and						
	iu Emaii:					
Contractor Name and Address:			Ta		I	
	EMERGENCY:		Contractor License:		City Business License #:	
Email: STANDARD DECLARATION			<u> </u>			
I hereby acknowledge that I have read this ap	d 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: Sta	1. Call underground service alert (USA) 48 hours before starting					
Construction, latest edition, and The Watch	Handbook, I	atest edition and the attached	work (800) 422-4133 2. Call Public Works Inspections 48 hours before starting work			
Standard Conditions of Approval.			(562) 431-2527 ext. 1414 OR 1319			
LICENSED CONTRACTOR'S DECLARATION I hereby affirm that I am licensed under provision of Chapter 9 (commencing with			Special Conditions:			
Section 7000) of Division 3 of the Business and Profes	ssions Code.	and my license is in full force				
and effect.			Fees			
License No.: Lic. Class:					,	
City License No.:						4
WORKER'S COMPENSATION DECLARATION			Application Fee		\$198.00	
I hereby affirm that I have a certificate of consent to selfinsure,						
or a certificate of			Downsit Foo		¢100.00	
Workers' Compensation Insurance, or a certified coy thereof (Sec. 3800, Lab. C)			Permit Fee		\$198.00	
Policy No Company						
Certified Copy is hereby furnished		Plan Check Fee		\$4,298.00		
Certified copy is filed with the City.		Covers up to 3 Plan Checks		\$4,230.00		
 NDPES/STORMWATER QUALITY THRESHOL	D DECLADAT	ION	14/01/45			
(www.ocwatersheds.com)	ION	WQMP Covers up to 3 Plan Checks		\$2,579.00		
1.) Soil Movement (Y/N):						
2.) Uncovered Material Storage (Y/N):						
 Cementaceous Exterior Mixing (Y/N): Disturbed Soil =1 + Acre:(Y/N): 		Plan Archival Fe	'lan Archival Fee		\$141.50	
WDID #:						
the selection of a selection when the selection of the selection		and the second second	Inconstian Hour			
If 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			Inspection Hours			
from the City and I am aware of the appropria	* *	ution laws and there				
could be fines and/or other legal remedies if	s not obtained.			\$7,414.50		
						+·/·=
V						
X-Sign and Date			Receipt #			
(Autho	orized Agent					
Degrations of 400% Cook Devol			Return Deposit To:			
			<u></u>			
Requires a 10% Cas		u Roua	Applicant	Owr	ner	Contractor
			Route To:			
			Applicant Inspector Finance			
			Engineering			