

PERMIT NO: _____

GRADING PERMIT
CITY OF INGLEWOOD
DIVISION OF BUILDING AND SAFETY
ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301
310 / 412-5294

PLAN CHECK: _____

JOB ADDRESS

FOR APPLICANT TO FILL IN

1. Job Address _____	Plan File No. _____	GROUP _____	TYPE _____	FIRE ZONE _____	USE ZONE _____
2. Owner _____	Address _____	Phone _____			
3. Contractor _____	Address _____	Phone _____			
State _____	City _____	License No. _____	Date Expires _____		
4. Engineer _____	Address _____	Phone _____			
5. Lot _____	Block _____				
6. Description of Work to be Done					
Excavation _____ Fill _____					
Purpose of Work _____					
7. Equipment Used _____					
Materials to be Hauled by:					
Name _____ Phone _____					
Address _____					
Materials to be Received by:					
Name _____ Phone _____					
Address _____					
8. Approx. Starting Date _____					
Approx. Completion Date _____					
9. Cubic Yards Excavated _____					
Cubic Yards of Fill _____					
10. Engineer Supervising Filling Operations					
Name _____ Phone _____					
Address _____					
11. I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmens Compensation.					
Owner or Contractor _____ BY _____ Authorized Agent _____					

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are: _____

CARRIER _____

POLICY NUMBER _____

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become a subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

APPLICANT: _____ DATE: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions 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 Number _____ License Class _____

Contractor _____

Date _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to building construction, and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes.

APPLICANT: _____ DATE: _____