APPLICATION FOR GRADING PERMIT

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS:_____ PARCEL/TRACT NUMBER: _____

CITY/LOCALITY: _____ CROSS STREET: _____

ASSESSOR INFORMATION NUMBER: _____ - _____ - _____

TENANT: _____ _____ ____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____ _____ ____ OWNER/BUILDER: YES ◯ NO ◉
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

APPLICANT: _____ _____ ____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

CONTRACTOR: _____ _____ ____ LIC. NUMBER: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

ARCH/ENG: _____ _____ ____ LIC. NUMBER: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

_____

_____

CUBIC YARDS HANDLED: FILL: _____ CUT:_____ CHECK IF SUPERVISED GRADING:_____

FOR BUILDING AND SAFETY USE ONLY

SUPR'D GRADING:_____ MAP NBR:_____

STATE HIGHWAY:_____ USE ZONE:_____ CUBIC YARDS HANDLED:_____

SPECIAL CONDITION:_____

THIS APPLICATION IS ALSO ASSOCIATED WITH THE FOLLOWING PROPERTIES:

TRACT	LOT	TRACT	LOT	TRACT	LOT	TRACT	LOT	TRACT	LOT	TRACT	LOT

PRINCIPAL:_____
LAST NAME/BUSINESS NAME FIRST NAME M.I.

OR

SUBDIVIDER:_____
LAST NAME/BUSINESS NAME FIRST NAME M.I.

TYPE/INSTRUMENT/NUMBER:_____

ORIGINAL $:_____

RCV DATE:_____