



City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255
Office Phone No. (323) 584-6271
Insp. Request: (323) 584-6273

SITE ADDRESS		
ASSESSOR PARCEL NUMBER		
BOOK	PAGE	PARCEL
ADDITIONAL INFORMATION/LEGAL DESCRIPTION		
OWNER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
PRINCIPAL DESIGNER'S NAME		LICENSE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
CONTACT PERSON		
PHONE NUMBER		
CONTRACTOR'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
LICENSE CLASS	LICENSE NUMBER	EXPIRATION DATE
PHONE NUMBER		
WORKERS' COMPENSATION INSURANCE COMPANY NAME		
WORKERS' COMP. INSURANCE POLICY NUMBER		EXPIRATION DATE

GRADING PERMIT APPLICATION

OWNER BUILDER DECLARATION

I affirm that I signed the Owner's Acknowledgment and Verification of Information Declaration form as required by Section 19825 of the California Health and Safety Code.

Name: _____

Signature: _____ Date: _____

LICENSED CONTRACTOR'S 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.

Signature: _____ Date: _____

WORKERS' COMPENSATION DECLARATION

By my initial, I hereby affirm under penalty of perjury one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate No.: _____

_____ 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.

_____ 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 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.

Signature: _____ Date: _____

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued in accordance with the requirements of Section 8172 of the California Civil Code.

Lending Agency Name: _____

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: _____

Signature: _____ Date: _____

GRADING PERMIT REQUIREMENTS

1. The permittee shall give reasonable notice to the owner(s) of adjoining land(s) and building(s) prior to beginning excavations which may affect the lateral and adjacent support of the property in accordance with Calif. Civil Code Section 832. The notice shall state the intended depth of excavation and when the excavation will commence. The adjoining owner shall be allowed at least 30 days and reasonable access on the property for which this permit is obtained to protect his or her property.
2. The permittee and contractor shall be responsible and shall take necessary precautions to prevent public trespass onto areas where impounded water creates a hazardous condition or attractive nuisance.
3. All work shall be in accordance with the approved plans, the current Building Code, current NPDES requirements, and any other special requirements associated this permit or the proposed work.

CUBIC YARDS HANDLED		REVISED CUBIC YARD HANDLED	
PLAN CHECK FEE		\$ _____	
ADDITIONAL PLAN CHECK FEE		\$ _____	
PLAN CHECK NUMBER	INITIALS	DATE	
PLAN CHECK NUMBER	INITIALS	DATE	
AMOUNT OF REQUIRED SECURITY		REVISED AMOUNT OF SECURITY	
TYPE OF SECURITY PROVIDED			
<input type="checkbox"/> CERTIFICATE OF DEPOSIT		<input type="checkbox"/> BOND	
<input type="checkbox"/> CASH		<input type="checkbox"/> OTHER _____	
DATE SECURITY FILED		DATE SECURITY RELEASED	
<input type="checkbox"/> OSHA PERMIT OBTAINED		<input type="checkbox"/> LACO/CORP OF ENGR FLOOD CONTROL APPL OBTAINED	
PERMIT FEE		\$ _____	
ISSUANCE FEE		\$ _____	
PLAN MAINTENANCE FEE		\$ _____	
_____		\$ _____	
TOTAL \$ _____			
PERMIT NUMBER	INITIALS	DATE	
DATE OF FINAL APPROVAL		FINAL APPROVAL BY	