APPLICATION FOR GRADING/LANDSCAPE PERMIT

APPLICATION NO.: GB_____ LOC: BS 04.08

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.:_____

CITY/LOCALITY: _____LA MIRADA_____ CROSS-STREET: _____

ASSESSOR PARCEL NUMBER (APN): _____-_____-_____

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. NO.:_____CLASS:_____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE (_____)_____EXT._____

ARCH/ENG: _____ _____ LIC. NO.:_____CLASS:_____
(LAST NAME/BUSINESS NAME) (FIRST)

ADDRESS: _____ PHONE (_____)_____EXT._____

WORK DESCRIPTION: _____

_____

CUBIC YARD HANDLED: _____ LANDSCAPE AREA: _____ SQ.FT. CHECK IF SUPERVISED GRADING: ☐

WATER PURVEYOUR NAME: _____

(PLEASE FILL OUT THE REVERSE SIDE)

Revised: 5.10

FOR BUILDING AND SAFETY USE ONLY

SUPERVISED GRADING: _____ MAP NBR: _____

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

SPECIAL CONDITIONS: _____

THIS APPLICATION IS ALSO ASSOCIATED WITH THE FOLLOWING PROPERTIES:

TRACT	LOT	TRACT	LOT	TRACT	LOT	TRACT	LOT	TRACT	LOT
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PRINCIPAL: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MIDDLE)

OR

SUBDIVIDER: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MIDDLE)

TYPE/INSTRUMENT/NUMBER: _____ _____ _____

ORIGINAL $: _____

RECEIVE DATE: _____