



Date: _____
Permit No. _____
File No. _____

Engineering Department
Tel. 510-799-8242, 799-8252, 799-8247

GRADING PERMIT

LOCATION:

Project: _____
Address: _____
Tract _____ Lot _____ APN _____

OWNER:

Name: _____
Address: _____ City _____ State _____ Zip _____
Telephone: _____ Fax No. _____

ENGINEER:

Name: _____
Address: _____ City _____ State _____ ZIP _____
Telephone: _____ Fax No. _____
Engineer's State License No. _____

GEO. TECH. ENGINEER:

Name: _____
Address: _____ City _____ State _____ ZIP _____
Telephone: _____ Fax No. _____
Engineer's State License No. _____

CONTRACTOR: 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.

Name: _____
Address: _____ City _____ State _____ ZIP _____
Telephone: _____ Fax No. _____
Contractor's State License No. _____
City Business License No. _____

Volume of Grading (Cubic Yards) _____ Cut _____ Fill _____

Import: _____ Export _____

Brief Description of Project: _____

_____ Estimated Date of Completion _____

Terms: The permit will expire after any 120- day period of no work. The Contractor will furnish an as built grading plan at the completion of the job.

Signature of Owner / Agent _____ Title _____ Representing _____
Date _____

By: _____
City Engineer or Authorized Representative

Surety Bond Amount _____
Plan Check Fee _____
Grading Fee _____ **Total Fee:** _____

Environment Quality Clearance _____ EIR Needed: _____ Yes _____ No _____
Date EIR Completed _____ Approved by City Planner _____ Date _____
Approval to Issue Permit by: _____ Date _____