



CITY OF IRWINDALE BUILDING AND SAFETY

APPLICATION NO.: _____

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

APPLICATION FOR GRADING PERMIT

PLEASE FILL OUT COMPLETELY IN INK

Project Address:	City:
Zip:	

Assessor Parcel Number:	Cross-St:
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Tenant/Project Name:

Description of Work:

PROPERTY OWNER

Name:	Owner builder:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address:	Phone:		
City:	State:	Zip code:	
E-Mail:	Fax:		

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name:	E-mail:
Address:	Phone:
City:	State: Zip Code:

CONTRACTOR INFORMATION

Name:	E-mail:
Address:	Phone:
City	State: Zip Code:
State License No.:	Class: Exp. Date:
Workers Compensation Carrier:	Policy No. Exp. Date:

ENGINEER/DESIGNER INFORMATION

Name:	
Address:	E-mail:
City:	State: Zip code:
State License No.:	Exp. Date: Phone:

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Regional Planning and Fire Department are usually required. I hereby choose to submit plans for grading plan check prior to obtaining the necessary approvals of the above mentioned agencies and acknowledge that additional agencies may be required after my plans have been reviewed. Furthermore, I am aware that if the grading plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plan check will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

Applicant/Owner Signature: _____ Date: _____

<u>Earthwork Quantities</u>		
Cut (cy):	Fill (cy):	Over-ex (cy):
Total Grading (cy):		
DOCUMENT CHECKLIST: (SPECIFY NUMBER OF EACH SUBMITTED)		
Sets Of Plans:	Sets Of Earthwork Calcs:	Sets Of Hydrology Calcs:
Number Of Soils Reports:	On Cd:	