



Los Angeles County Department of Public Works  
Building and Safety Division  
Plan Check/Permit No. GR \_\_\_\_\_

**APPLICATION FOR GRADING PERMIT / PLAN CHECK**

JOB ADDRESS: \_\_\_\_\_ UNIT \_\_\_\_\_

CITY/LOCALITY: \_\_\_\_\_ APN: \_\_\_\_\_

SCOPE OF WORK:

CUT (Cubic Yards): \_\_\_\_\_ FILL (Cubic Yards): \_\_\_\_\_ OVER EX (Cubic Yards): \_\_\_\_\_

TOTAL GRADING: \_\_\_\_\_

*(The greater of Cut OR Fill plus Over Ex)*

**PROPERTY OWNER**

NAME: \_\_\_\_\_ OWNER BUILDER: YES  NO

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**APPLICANT INFORMATION (if different from owner)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSE: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WORK COMP CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GRADING ENGINEER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the applicant/owner of the property located as noted as project address, acknowledge that 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 plans 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: \_\_\_\_\_