



# City of South Pasadena

1414 Mission Street  
 South Pasadena, CA 91030  
 Office Hrs: 7:30 am to 5:00 pm, M-Th  
 7:30 am to 4:00 Friday  
 Phone Number (626) 403-7220  
 Insp. Request (626) 403-7226

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 NO
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		
WORKER'S COMPENSATION INSURANCE COMPANY NAME		
WORKER'S COMP INSURANCE POLICY NUMBER	EXPIRATION DATE	

## GRADING PERMIT

### OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the Business and Professions Code):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044 of the Business and Professions Code)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044 of the Business and Professions Code)

I am exempt under Section \_\_\_\_\_, Business and Professions Code for the following reason: \_\_\_\_\_

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

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, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

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. My workers' compensation insurance carrier and policy number are listed in the left column of this application.

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 I 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

See the back of this form for required statement

### 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

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 adjoining property. 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, if he or she so desires, unless otherwise protected by law.

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.

All work shall be in accordance with the approved plans, Chapter 70 of the Building Code, and any special requirements of this permit.

CUBIC YARDS HANDLED	REVISED CUBIC YARDS HANDLED	
PLAN CHECK FEE	\$ _____	
ADDITIONAL PLAN CHECK FEE	\$ _____	
PLAN CHECK NUMBER	INITIALS	DATE
ADDITIONAL 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"/> FLOOD CONTROL APPL OBTAINED	
PERMIT FEE	\$ _____	
ISSUANCE FEE	\$ _____	
PLAN MAINTENANCE FEE	\$ _____	
TOTAL \$ _____		
PERMIT NUMBER	INITIALS	DATE
DATE OF FINAL	FINAL BY	