



City of Long Beach
 333 West Ocean Blvd., 10th Floor
 Long Beach, CA 90802
 Phone: (562) 570-6383

Public Works Permit Application

| | | | | | |
|---|--|---------------|-------------------|-----------------|-----------------|
| General Information | | PERMIT NUMBER | | DATE | |
| PROJECT ADDRESS | | CITY | | STATE | ZIP CODE |
| PROJECT NAME (IF ANY) | | | | | |
| CONTRACTOR/APPLICANT | | | EMAIL ADDRESS | | |
| <input type="checkbox"/> OWNER <input type="checkbox"/> DESIGN PROFESSIONAL <input type="checkbox"/> AGENT FOR <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> CONTRACTOR | | | | | |
| FIRM NAME/DBA | | | FIRM PHONE NUMBER | | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| STATE LICENSE NUMBER | | | CLASS | | EXPIRATION DATE |
| CITY LICENSE NUMBER | | | EXPIRATION DATE | | |
| LIABILITY INSURANCE CARRIER | | POLICY NUMBER | | EXPIRATION DATE | |
| OWNER NAME | | PHONE NUMBER | | EMAIL ADDRESS | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| ADDITIONAL CONTACT/SITE CONTACT NAME | | | PHONE NUMBER | | |
| <p>★ NOTE: The names listed on the STATE LICENSE, CITY LICENSE and INSURANCE POLICY must be identical. If they are not, they must be corrected before a permit may be issued.</p> <p>★ NOTE: A soil compaction test fee of \$300.00 will be added to the permit fee if native soil is used for backfill material.</p> | | | | | |

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

This information is available in an alternative format by request to (562) 570-6383. For an electronic version of this document visit our website at <http://www.longbeach.gov/pw/>.

LAND DEVELOPMENT APPLICATION/WORKSHEET

Street Improvement Plan Check Fee

DESCRIPTION

FINAL PARCEL MAP

FINAL TRACT MAP

LOT LINE ADJUSTMENT

COMMENTS/REMARKS

PLAN CHECK FEE (Office Use Only)

| No. of Sheet(s) | Improvement Plan Description(s) | Amount |
|-----------------|---------------------------------|--------|
| 0 | | \$ - |
| | 6.2 % Surcharge | \$ - |
| | Total: | \$ - |

Please complete and sign this Application/Worksheet, make Plan Check Fee payable to the City of Long Beach in the amount show above and return the Application/Worksheet for further processing to:

Public Works, (562) 570-6678
 Attn: Jorge Magana
 333 W. Ocean Blvd, 9th Floor
 Long Beach, CA 90802-4664

SEWER APPLICATION

Check items below for which you are applying

- * Construct 6" House Connection (Wye)
 - * Construct 8" or 10" House Connection to a Manhole
 - * Connect to an Existing House Connection
 - Repair an Existing House Connection
- (* Slurry Backfill required for the above items)

- Subsequent Inspection/Visit
- Grease Interceptor
- Waste Water Discharge/Truck
- Abandon & Cap House Connection

FOR DEPARTMENT USE ONLY

CAPACITY CHARGE PAYMENT VERIFIED: _____
 *L.A. Co. San. Dis. Connection Fee Payment Verified: _____

APPROVED BY: _____
 (For the Long Beach Water Department)

Sewer Data:

Block Sht. No. _____
 Atlas No. _____
 Manhole Location _____
 Wye Location _____
 Saddle Location _____

STREET IMPROVEMENT

Please indicate quantified for each type of improvement proposed.

| IMPROVEMENT | QUANTITY | IMP VALUE |
|----------------------|----------|-----------|
| Curb – All types | L.F. | |
| Comb. C & G | L.F. | |
| Sidewalk | S.F. | |
| Apron (Residential) | S.F. | |
| Apron (Commercial) | S.F. | |
| Alley | S.F. | |
| Under Sidewalk Drain | S.F. | |

Total Value: _____

C.L.B. Dwg No. _____

Please complete sketch on back

* If there is a tree involved, an arborist report will be required prior to issuance of the permit.

TEMPORARY STREET OCCUPANCY

Please indicated type of encroachment required and dimension of street area to be occupied.

_____ Bin Start date: _____ End date: _____

Fence Structures Materials

Pedestrian Canopy Equipment

Street Area: _____ x _____ = _____ S.F. / L.F.

The term of the permit is for _____ days beginning on date issuance.

Please complete sketch on back

EXCAVATION PERMIT DATA

Please provide the following information

PURPOSE OF EXCAVATION:

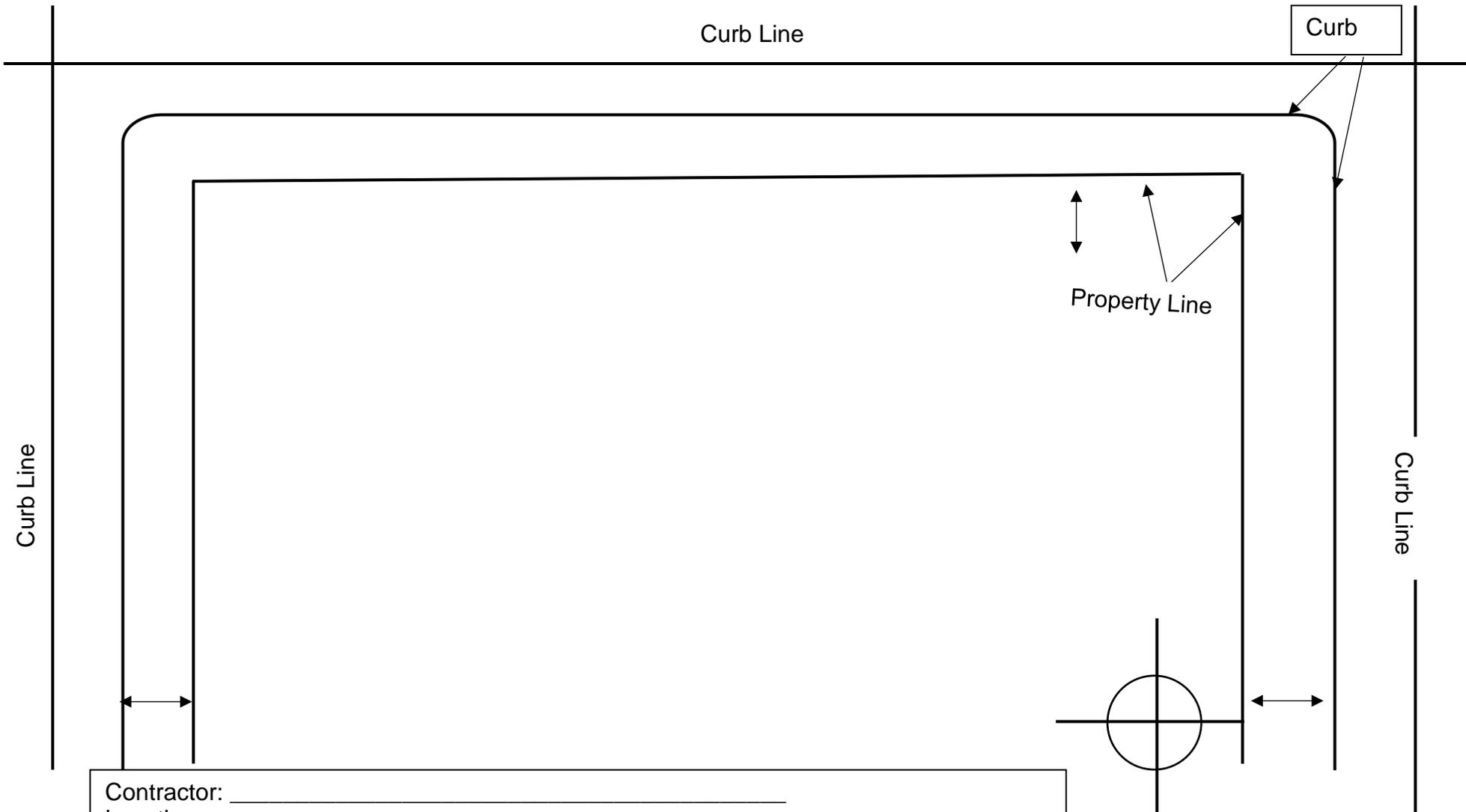
FRANCHISE OR PERMIT NUMBER:

| MONITORING WELL DATA: | # of Mon. Wells _____ | SOIL BORINGS | Min. Depth of B.G.S. _____ ft. |
|-----------------------|-----------------------|--------------|--------------------------------|
| Width | Length | Sq. Ft | Surface |
| | | | |
| | | | |
| | | | |
| Total Sq. Ft. | | | |

Permit Fee \$ _____

Title/Company _____

Phone No. (_____) _____



Contractor: _____
 Location: _____
 Section Map Number: _____ Permit Number: _____
 Lot Number: _____ Block Number: _____
 Tract: _____
 Date: _____
 Approved by Planning: _____
 Approved by Traffic: _____
 Reference: _____
 Applicable Charge Number: _____

Approved by:
 Sean Crumby
 Deputy Director of Public
 Works/City Engineer

By: