ST OF LAWAYS	APPLICATION FOR GRADING/LANDSCAPE PERMIT						
HEART OF THE SOUTH BAY	APPLICATION NO.: PR	(FOR OFFICE USE ONLY)					
CALIFORNIA	PLEASE FILL OUT THE FO	OLLOWING INI	FORMA	TION			
JOB ADDRESS:				UNIT NO.:			
CITY/LOCALITY:	CROSS – ST:	ASSESS	ASSESSOR INFORMATION NO.:				
OWNER'S NAME:	(LAST NAME/BUSINESS NAME)	(FIRST)	(MI)	OWNER/BUILDER: YES (IF YES, COMPLETE OWNE)			
ADDRESS:				PHONE ()	Ext		
TENANT:	(LAST NAME/BUSINESS NAME)	(FIRST)	(MI)				
ADDRESS:				PHONE ()	Ext		
APPLICANT:	(LAST NAME/BUSINESS NAME)	(FIRST)	(MI)				
ADDRESS:				PHONE ()	Ext		
CONTRACTOR:	(LAST NAME/BUSINESS NAME)	(FIRST)	(MI)	LIC. NO.:	CLASS:		
				PHONE ()	Ext		
ARCH/ENG:	(LAST NAME/BUSINESS NAME)	(FIRST)	(MI)	LIC. NO.:	CLASS:		
ADDRESS:				PHONE ()	Ext		
WORK DESCRIPTION:							
CUBIC YARD HANDLED:	LANDSCAPE AREA:	SQ.FT.	C	HECK IF SUPERVISED G	RADING:		
WATER PURVEYOR NAME:							
	THIS DOCUMENT	IS TWO-SIDED					

FOR BUILDING AND SAFETY USE ONLY									
SUPRV'D GRADING:	MAP NBR:								
STATE HIGHWAY:	USE ZONE:	CUBIC YARDS HAN	CUBIC YARDS HANDLED:						
SPECIAL CONDITION									
THIS APPLICATION IS ALSO ASSOCIATED WITH THE FOLLOWING PROPERTIES:									
TRACT LOT TRACT	LOT TRACT LOT	TRACT LOT TRACT	LOT	TRACT	LOT				
PRINCIPAL: OR SUBDIVIDER:	(LAST NAME/BUSINESS NAME)	(FIRST NAME)	(M.I.)						
30601010ER	(LAST NAME/BUSINESS NAME)	(FIRST NAME)	(M.I.)						
TYPE/INSTRUMENT/NUMBER:									
ORIGINAL \$:									
RCV DATE:									