

Applicant/Owner Signature:

COUNTY OF LOS ANGELES

Department of Public Works Building and Safety Division

http://dpw.lacounty.gov/bsd/

Plan Check No.	

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

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APPLICATION FOR GRADING PERMIT								
PLEASE FILL OUT COMPLETELY IN INK								
Project Address:					City:			
Zip:								
Assessor Parcel Number:			Cross-St:					
Tenant/Project Name:								
Description of Work:								
		PROPE	RTY OWNER					
Name:				Owner builder:	Yes 🗆	No 🗆		
Address:				Phone:				
City:	State:	State:		Zip code:				
E-Mail:		Fa	x:					
APPLICA	ANT INFOR	MATION	N (IF DIFFERENT	FROM OWNER)				
Name:				E-mail:				
Address:				Phone:				
City:	State:			Zip Code:				
	CON	ITRACTO	OR INFORMATION	V				
Name:				E-mail:				
Address:				Phone:				
City	State:			Zip Code:				
State License No.:	Class:			Exp. Date:				
Workers Compensation Carrier:		Policy No	O.	Exp. Date:				
ENGINEER/DESIGNER INFORMATION								
Name:								
Address:			E-mail:					
City:	State:			Zip code:				
State License No.:	Exp. Date	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.								

Date:

Earthwork Quantities						
Cut (cy):	Fill (cy):		Ove	r-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:						
□ Geotechnical & Materials Engineering Division (GMED) Approval Required Please see submittal instructions at http://dpw.lacounty.gov/gmed/permits/docs/submittal%20instructions.pdf □ 2 Sets of Grading Plans, 2 Soils Reports, and 1 CD sent to GMED via County Mail □ Applicant to submit 2 Hard Copies of Grading Plans, 2 Soils Reports, 1 CD, and Fee Receipt to GMED Directly at Geology and Soils Section, 900 S. Fremont Ave, Alhambra - 3RD Floor, CA 91803 (626) 458-4925 Or Email submittal and fee receipt directly to DPW-GMED Submittals: GMEDSubmittals@dpw.lacounty.gov						