



APPLICATION GRADING PERMIT E-24

Development Services
Land Development Engineering
1635 Faraday Avenue
442-339-2750
www.carlsbadca.gov

PERMIT NUMBER: GR

Project Name: _____ Project Number: _____
Project Location: _____ Drawing Number: _____
Assessor Parcel Number(s): _____
Project Description: _____

Owner: _____
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

I certify that I am the legal owner of this property and I authorize the grading associated with this permit.
OWNER SIGNATURE: _____ **DATE:** _____

Civil Engineer: _____
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Soils Engineer: _____
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Grading Contractor: _____ State License No.: _____
City Business License No.: _____
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Grading Quantities: cut _____ cy fill _____ cy import _____ cy
remedial _____ cy export _____ cy

Qualified contact person trained in NPDES requirements: _____
Phone Number: _____ Email: _____

Basis of Permit Fees: _____ **cy** **Total Permit Fees:** \$ _____
Verified By: _____ **Balance Due:** \$ _____

I hereby acknowledge that I have read the application and information provided is correct. I agree to comply with all federal, state, and city laws, ordinances, regulations and policies relating to excavation and grading including, but not limited to, the Federal Endangered Species Act of 1973 and any amendments thereto. I will also comply with OSHA Permit requirements for trenches over five feet deep and the provisions and conditions of any permit issued pursuant to this application.

Applicant Name: _____
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____