CITY OF SOLANA BEACH

MISCELLANEOUS ENGINEERING PERMIT

Applicant to complete all information except in dashed boxes (Please type or print legibly)

FOR OFFICE USE ONLY

PERMIT NO._____
Date of Permit _____
Expiration of Permit _____
Fee Paid $_____
Receipt #_____
Permit Issued By:_____

[1] APPLICATION FOR:

- ☐ GRADING LESS THAN 50 CY
- ☐ RETAINING WALL
- ☐ STORM WATER MANAGEMENT
- ☐ REPAIR SLOPE
- ☐ OTHER _____

[2] ADDRESS OF WORK:

[3] APPLICANT IS (Check One) ☐ Owner ☐ Contractor ☐ Engineer ☐ Other:

[4] OWNER'S NAME:	ADDRESS:	PHONE: FAX:
[5] CONTRACTOR'S NAME:	ADDRESS:	PHONE: FAX:
[6] ENGINEER'S/OTHER NAME:	ADDRESS:	PHONE: FAX:

[7] **CONTRACTOR'S CITY BUSINESS CERTIFICATE NO:** **STATE LICENSE NO:**

[8] APPLICANT HEREBY MAKES APPLICATION TO: (DESCRIBE PROJECT AND ATTACH PLANS IF APPLICABLE)

☐ PLAN ATTACHED

[9] SPECIAL CONDITIONS OF APPROVAL REQUIRED BY CITY:

[10] **48 HOUR ADVANCE NOTICE IS REQUIRED FOR ALL INSPECTIONS - CALL (858) 720-2470**

[11] _____ _____

OWNER'S OR AUTHORIZED AGENT'S SIGNATURE **DATE**

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