

CITY OF HUNTINGTON BEACH CITY OF HUNTINGTON BEACH - DEPARTMENT OF PUBLIC WORKS - P.O. BOX 190, CA 92648, (714) 536 - 5431

PW NO.: TRACT #

RD. NO.:

G: PERMIT NO.

B. PERMIT

PERMIT TYPE:	ROUGH □	PRECISE □	MASS	S 🗆	STOCKP	ILE [☐ REME	EDIATION 🔀	
SITE OR ADDRESS LOCATION 21641 MAGNOCIA			PLAN	PLANNING ACTION:			COASTAL PERMIT: YES 🗽 NO □		
TRACT LOT BLOCK NO. 226				ASSESSOR'S PARCEL NO. 114-150-78, 79, 80, 75					
OWNER'S NAME CANNERY HAMILTON PIEOR 863-0017			EARTH WORK: OVER EXCAVATION CY. CY. CUT CY. FILL						
OWNER'S ADDRESS 6111 Bollinger Garies			GRADING PERMIT FEES						
OWNER'S CITY	Ramon	ZIP94583	PAID		ITEM		PLAN NO.	\$ AMOUNT	
ENGINEER'S NAME	2412	TEL # (NY)	×	GRADING	PLAN CHEC	CK	10-147	\$5,000-	
TAMARA 261612 ENGINEER'S ADDRESS		LIC.#		PERMIT				\$	
OVERDINTE DR, STE 310		65982		PUBLIC IMP. PLAN CHECK		HECK		\$	
ENGINEER'S CITY BRCA		ZIP 9282/		LANDSCAPE PLAN CHECK				\$	
CONTRACTOR'S NAME		TEL # ()		LANDSCA	APE INSPECT	TION		\$	
CONTRACTOR'S ADDRESS		LIC.#		WQMP PI	LAN CHECK			\$	
		LIC.#		UTILITY PLAN CHECK		(\$	
CONTRACTOR'S CITY		ZIP		HYDROL	OGY PLAN C	HECK		\$	
CONTRACTOR'S EMERGENCY CONTACT NO.				GIS / SURVEY			POINTS:	\$	
		T== # / .		PLAN RE	CORDATION		SHEETS:	\$	
SOIL ENGINEER'S NAME		TEL# ()		TRAFFIC	PLAN CHEC	K		s	
SOIL ENGINEER'S ADDRESS		LIC.#						\$	
SOIL ENGINEER'S CITY		ZIP						\$	
			TO	TAL	FEES:		\$ 50	000 -	
PROJECT / REPORT NO.				RECEIPT NO. 1219(06 DATE: 6-10-10					
VALUATION OF ON SITE IMPROVEMENTS: \$									
(INCLUDING LABOR AND MATERIALS) • • • • • • • • •				BY:					
I HAVE READ THIS APPLICATION AND AGREE TO COMPLY WITH ALL LOCAL AND STATE LAWS APPLICABLE TO BUILDING CONSTRUCTION.				PLANNING APPROVAL: 7/5 DATE:					
I. I AM VALIDLY REGISTERED AND LICENSED AS REQUIRED BY THE CITY OF HUNTINGTON BEACH AND THE STATE OF CALIFORNIA.				PUBLIC WORKS APPROVAL: DATE:					
I AM THE THE LEGAL OWNER OF THE DESCRIBED ABOVE PROPERTY. I HAVE FILED WITH THE CITY OF HUNTINGTON BEACH:				BY: J. (MC) SONALI) 6-10-10					
A CERTIFICATE OF CONSENT TO SELF-INSURE ISSUED BY THE DIRECTOR OF INDUSTRIAL RELATIONS OR.				IIT ISSUED		7	DA.	TE:	
A CERTIFICATE OF WORKERS COMPENSATION INSURANCE ISSUED BY AN ADMITTED INSURER CR.				BY: //2 5/ 6-10-10					
AN EXACT COPY OR DUPLICATE THEREOF CERTIFIED BY THE DIRECTOR OF THE INSURER OR.			IN IOS	FOTION			RS USE ONL		
I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED. I SHALL NOT EMPLOY ANYONE IN ANY MANNER SO AS TO BECOME.				ROUGH GRADE DATE COMPLETED INSPECTOR					
SUBJECT TO THE WORKERS COMPENSATION LAWS OF THE STATE OF CALIFORMA. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND				GRADE			0 -515-5		
CORRECT, AND THIS DECLARATION WAS EXECUTED ON THEDAY OF				KPILE					
20 AT THE CITY OF HUNTINGTON BEACH, CALIFORNIA.				DIATION					
PERMITTEE				UILTS					
IF WORK IS NOT COMMENCED 180 DAYS FROM THE DATE OF ISSUE ON THIS PERMIT, OR IF WORK IS ABANDONED FOR MORE THAN 180 DAYS, THIS PERMIT SHALL BE NULL AND VOID.			FINAL	ENG'S CE	RTIFICATE				