



APPLICATION GRADING PERMIT E-24

Development Services
Land Development Engineering
1635 Faraday Avenue
760-602-2750
www.carlsbadca.gov

PERMIT NUMBER: _____

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

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

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

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: _____

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: _____	Fax Number: _____
APPLICANT'S SIGNATURE: _____	DATE: _____