

APPLICATION FOR GRADING AND ENCROACHMENT PERMITS

SEND YOUR APPLICATION TO: ENGINEERING@CATHEDRALCITY.GOV

ATTACH COPY OF BUILDING APPLICATION

| PROPERTY IDENTIFICATION | | | | | | | | | | |
|--|----------|---------------------|----------------------------|----------------------|-------|--------------|------|----------|-------|--|
| Property Address: | | | | | | | | | | |
| Description of Work: | | | | | | | | | | |
| | | | | | | | | | | |
| PROPERTY OWNER INFORMATION | | | | | | | | | | |
| Name: | | | | | Tel: | Tel: | | | | |
| Address: | | | | | Ema | Email: | | | | |
| City: | | | | | Stat | te: Zip: | | | | |
| ENGINEER INFORMATION | | | | | | | | | | |
| Name: | | | | | | Tel: | | | | |
| Address: | | | | | Ema | Email: | | | | |
| City: | | | State: Zip | | | | | | | |
| Eng. License No.: City Business License | | | | | se No | se No.: | | | | |
| CONTRACTOR INFORMATION | | | | | | | | | | |
| Name: | | | | | Tel: | | | | | |
| Address: | | | | Email: | | | | | | |
| City: | | | | State: | | | Zip: | | | |
| Contractor's State Lic. No.: | | | City Business License No.: | | | | | | | |
| REQUIRED SUBMISSIONS | | Office Use Only | | | | | | | | |
| Drawings | | 1 st Sub | 2 nd Sub | 3rd ^d Sub | Appro | | | Fee Paid | | |
| ☐ Grading Plan Check - 3 Sets | | | | | | | | | | |
| ☐ Hydrology Report - 2 Sets | | | | | | | | | | |
| ☐ PM10 Package - Signed Set | | | | | | | | | | |
| ☐ FEMA Package – Signed Set | | | | | | | | | | |
| ☐ Fire Department Approval - 2 Sets | | | | | | | | | | |
| ☐ Retaining Wall Design & Details - 3 Sets | | | | | | | | | | |
| ☐ Engineer's Estimate of Work - 2 Sets | | | | | | | | | | |
| Grading Permit | | | | | | | | | | |
| ☐ Encroachment Permit | | | | | | | | | | |
| Encroachment Permit Plot Plan | | | | | | | | | | |
| ☐ Other - | | | | | | | | | | |
| Lot: | Tract: | | APN: | | | Flood Zone: | | | | |
| R/W/Parkway: | | | Drive Width LF: | | | Sidewalk LF: | | | | |
| Lot Size: | | | Cut (CY): | | | Fill (CY): | | | | |
| Bldg PC #: | B-Perm#: | | G-Perm#: | | | E-Perm#: | | | | |
| Applicant's Signature: Tel: Ema | | | | | | | | | Date: | |