



APPLICATION FOR GRADING PERMIT

APPLICATION NO.: GR LOC: BS 0408

PLEASE COMPLETE THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

WORK DESCRIPTION:

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES _____ NO _____
 PHONE (____) _____ Ext. _____

ADDRESS: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE (____) _____ Ext. _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE (____) _____ Ext. _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE (____) _____ Ext. _____

CUBIC YARDS HANDLED: _____

LANDSCAPE AREA (SQ. FT.): _____

CHECK IF SUPERVISED GRADING: _____

WATER PURVEYOR NAME: _____