



City of Salinas

DEVELOPMENT ENGINEERING (PW) • 65 West Alisal Street • Salinas, California

Phone: (831) 758-7251 • www.cityofsalinas.org

GRADING & DRAINAGE PERMIT APPLICATION

CITY USE ONLY

PERMIT NO.: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

RESIDENTIAL COMMERCIAL INDUSTRIAL INSTITUTIONAL QUASI-PUBLIC OTHER: _____

APPLICANT INFORMATION: Complete all fields

NAME: _____ EMAIL: _____

MAILING ADDRESS: _____ PHONE: _____

CELL: _____

PROPERTY INFORMATION: Complete all applicable fields

PROJECT ADDRESS: _____

ASSESSOR PARCEL NUMBER (APN): _____ DSA PERMIT No.: _____
(IF APPLICABLE)

PROJECT DESCRIPTION: _____

(Include duration) _____

PROJECT DETAILS: Complete all fields

LAND DISTURBANCE (AC): _____ CUT (CY): _____ FILL (CY): _____

NEW IMPERVIOUS AREA (SF): _____ TOTAL IMPERVIOUS AREA (SF): _____

IS THE PROJECT LOCATED WITHIN A FEMA SPECIAL HAZARD AREA? YES NO

DOES THE PROJECT HAVE ANY RETAINING STRUCTURES? YES NO

DOES THE PROEJCT HAVE ENVIRONMENTAL CLEARANCE? YES NO N/A

DOES THE PROJECT REQUIRE SHORING? YES NO

CONTRACTOR INFORMATION: Complete all fields

CONTRACTOR NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE: _____

ONSITE CONTACT NO.: _____

CONTRACTOR LICENSE: _____ EXPIRATION DATE: _____ TYPE: A B C- _____

CITY BUSINESS LICENSE: _____ EXPIRATION DATE: _____

CONTACTS: Complete all applicable fields

ENGINEER OF RECORD: _____

EMAIL: _____ PHONE: _____

PROJECT GEOTECHNICAL ENGINEER: _____

EMAIL: _____ PHONE: _____

ACKNOWLEDGEMENT & SIGNATURE

I understand that solid waste removal and recycling shall be completed in accordance with the Salinas Municipal Code. For further information please contact Salinas Valley Solid Waste Authority at (831) 775-3000.

I understand the contractor shall conform with the requirements of the State Construction General Permit including properly installing and maintaining construction best management practices (BMPs).

APPLICANT NAME

SIGNATURE

DATE