

CITY OF BELL GARDENS Public Works Department

8327 Garfield Avenue
Bell Gardens, CA 90201
(562) 806-7770

PUBLIC WORKS PERMIT

Permit No.							
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	(562) 806-7770 ector@bellgardens.org			L	
Inspections Are Available Tuesday through Thursday Inspection Request (56 24-Hour Notice Required Inspection Office Hour	62) 806-7774 APPLICATION FOR:	EXCAVATION	CONSTRUCTION DO NOT WRITE IN SHA	N	ENCROACHMENT
APPLICANT	PROJECT LOCATION	BOND REQUIRED		BOND AMOUNT	
COMPANY NAME	PURPOSE	YES	10	\$	
STREET ADDRESS		PERMIT NUMBER	DATE SUBMITTED	SIGNATURE	
CITY STATE ZIP	LENGTH OF PIPE, CONDUIT OR CABLE	DATE ISSUED	EXPIRATION DATE	SIGNATURE	
PHONE NUMBER	SIZE AND TYPE	DATE WORK COMPLETED	SIGNATURE	TOTAL INS	SPECTION HOURS
EST. START DATE		PRI	EPAID	ACTUAL	BILL CUSTOMER
EMERGENCY CONTACT PERSON AND PHONE NUMBER	LENGTH / WIDTH/ DEPTH OF EXCAVATION				YES
CITY LICENSE NUMBER	TYPE OF SURFACE AC AB PCC	ISSUANCE FEE \$		β	NO
STATE LICENSE NUMBER	ATTACHMENTS RECEIVED:	SPECIAL DEPOSIT \$		š	_
ATTACHMENTS	BY:	PLAN CHECK FEE \$		§	_
	DATE:	INSPECTION \$		§	_
	_	SURCHARGE \$		\$	_
COMMENTS:		TOTAL FEE \$		\$	_
PERMIT	VOID IF WORK IS NOT STARTED AND INSPECTION NOT RE	EQUESTED WITHIN 60 DAYS OF	DATE OF ISSUANCE.		
	of (Company) to the provisions required by the Municipal Code of the City of Bell Garde				
in consideration of the granting of this permit, it is agreed oss or damage to persons or property, happening or occexpense of the permittee or his successor in interest.	by the applicant that the City of Bell Gardens, and any of their officers or urring as the proximate result of any of the work undertaken under the ter	employees thereof shall be saved harn ms of this application and the permit or	mless by the applicant froi permits which may be gr	m any liability or resp	ponsibility for any accident,
	PRINT NAME		SIGNATURE		