

**CITY OF ARVIN
PUBLIC WORKS
&
ENGINEERING DEPT**

**PERMIT
APPLICATION**

**P.O. BOX 548
ARVIN, CALIFORNIA 93203
(661) 854-2822**

Location: _____

Applicant: _____
Contact Person: _____
Contact Phone: _____
Contact Fax: _____
Address: _____

Architect/Engineer: _____
Contact Person: _____
Contact Phone: _____
Contact Fax: _____

Contractor: _____
Contact Person: _____
Contact Phone: _____
Contact Fax: _____

Start Date: _____ Completion Date: _____

CHECK ALL APPLICABLE CATEGORIES WHICH BEST DESCRIBE PROJECT

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Water Main(s) |
| <input type="checkbox"/> Maintenance or Repair | <input type="checkbox"/> Water Lateral(s) |
| <input type="checkbox"/> Curb(s) and/or Gutter(s) | <input type="checkbox"/> Fire Hydrant(s) |
| <input type="checkbox"/> Driveway Approach(s) | <input type="checkbox"/> Gas Main(s) |
| <input type="checkbox"/> Sidewalk(s) | <input type="checkbox"/> Gas Lateral(s) |
| <input type="checkbox"/> ADA Ramp(s) | <input type="checkbox"/> Electrical Service(s) |
| <input type="checkbox"/> Street Tree(s) | <input type="checkbox"/> Telephone Service(s) |
| <input type="checkbox"/> Street Surfacing | <input type="checkbox"/> Cable TV Service(s) |
| <input type="checkbox"/> Flags, Signs, or Banners | <input type="checkbox"/> Communication Service(s) |
| <input type="checkbox"/> Street Light(s) | <input type="checkbox"/> Traffic Control System(s) |
| <input type="checkbox"/> Sewer Main(s) | <input type="checkbox"/> Traffic Signage(s) |
| <input type="checkbox"/> Sewer Lateral(s) | <input type="checkbox"/> Surveying Operations |
| <input type="checkbox"/> Storm Drain(s) | <input type="checkbox"/> Building Pad(s) |
| <input type="checkbox"/> Storm Drain Lateral(s) | <input type="checkbox"/> Ponding Basin(s) |
| <input type="checkbox"/> Storm Drain Inlet(s) | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | |

PIPES & CONDUITS

Type: _____ Grade: _____
Diameter: _____ Voltage or PSI: _____
Product: _____

EXCAVATIONS & GRADING

Max Length: _____ Max Width: _____
Max Depth: _____ Surface Type: _____
CY: _____ CY-imp: _____ CY-exp: _____

ROADWAY, ALLEY SURFACE

____ Inch AC over ____ Inch class ____ Agg Base @ ____ %
compaction.

TERMS & CONDITIONS

- Six (6) copies of plans (folded), maps, specifications, calculations and etc. clearly indicating the scope and location of work shall be submitted for approval prior to the proposed start of work date. The permit must have been approved prior to the commencement of any work - Allow at least 14 work days to process.
- The permittee and their agents or subcontractors shall have in force a current Business License issued by this city.
- All work within the City rights-of-ways, streets, alleys and easements shall conform to the provisions of the Arvin Municipal Code and the Arvin City Improvement Standards.
- Twenty-four (24) hour notice shall be provided prior to the commencement of any work.
- Permittee shall obtain inspections as the work progresses, as directed by the inspector. Final inspection and approval shall be required for this project prior to acceptance of work and release of securities by the City.
- Permittee shall provide compaction, elevation, flood, and etc. certificates as directed by the inspector, issued by an agency licensed by the State of California to perform such determinations, prior to the placement of surface materials.
- The Job Card shall remain at the job site at all times and all sign-offs of inspections or clearances shall be made thereon.
- Permittee and their agents or subcontractors shall hold the City of Arvin harmless of all liabilities and litigations.

I certify that I have read this application and that all information hereon is true and correct. I agree to comply with all city and county ordinances and state laws relating to this project.

Signature: _____ Date: _____

PERMIT CALCULATIONS

Grading		Bored/Jacked	
Subdivision Imp		Utility Main	
Retaining Wall		Utility Lateral	
Sound Wall		Utility Repair	
Landscape		Curb/Gutter	
Signs		Sidewalk	
Flood Hazard		Cross Gutter	
Seismic Hazard		Driveway	
Surface Mine		ADA Ramp	
Road Surface		Inspections	
Plan Check			
Issuance			
Miscellaneous:	Hrs @ \$		Hr

VALUATION:\$ _____ TOTAL FEES:\$ _____

CLEARANCES

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Engineering Dept | <input type="checkbox"/> Cal-OSHA | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Planning Dept | <input type="checkbox"/> Cal-Trans | <input type="checkbox"/> Water Dist |
| <input type="checkbox"/> Community Dev | <input type="checkbox"/> P.U.C. | <input type="checkbox"/> |
| <input type="checkbox"/> Public Works Dept | <input type="checkbox"/> Kern-Trans | <input type="checkbox"/> |
| <input type="checkbox"/> Air Pollution Dist | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Dept | <input type="checkbox"/> Public Liability Ins | <input type="checkbox"/> |
| <input type="checkbox"/> Health Dept | <input type="checkbox"/> Payment Bond | <input type="checkbox"/> |
| <input type="checkbox"/> Police Dept | <input type="checkbox"/> Performance Bond | <input type="checkbox"/> |
| <input type="checkbox"/> Business License | <input type="checkbox"/> Guarantee Bond | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | | |

PERMIT NO: _____

RECEIPT NO: _____ By: _____ Date: _____