

## **Permit Application**

300 N. Flower Street Santa Ana, CA 92703

714.667.8888 714.667.8885

County of Orange

Today's Date: Permit #: **TYPE OF PERMIT** ☐ RESIDENTIAL (RS) ☐ PLUMBING (PB) ☐ NON-RESIDENTIAL (NR) ☐ MECHANICAL (ME) ☐ GRADING (Preliminary) (GA) ☐ ELECTRICAL (EL) ☐ GRADING (Precise) (GB) ☐ SWIMMING POOL/SPA (SW) ☐ LANDSCAPING (LS) ☐ SOLAR (SL) ☐ RESIDENTIAL TRACT (RT) \* ☐ DEMOLITION (DM) ☐ FENCE, WALL, RETAINING WALL (RW) \* SIGN (SB) \*(Separate attachment required for multiple submittal) OTHER \_\_\_\_ **PROJECT INFORMATION** Address of Project: City Legal Assessor Parcel Number (APN): Description: Example: 33.687 / Location of Site (Decimal Degrees): Latitude Project Description: STRUCTURE SIZE: Basement GARAGE SIZE SQUARE FEET: SITE ACREAGE: Current Related Permits: **CONTACT INFORMATION** Phone Number: Owner Name: Owner Address: Address Contractor: License #: Phone Number: Address: Agent/Contact Person: Affiliation: Phone Number: Fax: ARCHITECT: Street # Name License #

## COUNTY OF ORANGE | OC PUBLIC WORKS | OC PLANNING

ENGINEER:		/ /		/	/		
-	Name	License #	Street #	(	City	Phone #	
SOILS ENGINEER:		/ /		/	/		
	Name	License #	Street #		City	Phone #	
ENGINEERING		Applicable to	<b>Grading Permits</b>	UNLY			
GEOLOGIST:		/,	/	/		/	
CUBIC YARDAGE:	Name CUT:	License FI	e # Str LL:	eet # EXI	City PORT:	Phone #	
PROJECT ACREAGE:	-		R DISCHARGE I.D. N				
TOTAL SITE ACREAGE:			DISTURBED SITE ACREAGE:				
This section must	he completed by (	County Proper	ty Parmits (CPP)	staff for gradin	na & landscar	na annlications	
☐ CPP PERMIT I			□ NO DECISI SUBMITTI	ON – ADDITIONAL ED	INFORMATION I	NEEDS TO BE	
☐ CPP APPLICATION HAS BEEN SUBMITTED CPP STAFF NAME							
PERMIT NUMBER			DA	TE AND INITIAL			
I CERTIFY NO WORK SHAI	LL OCCUR IN COUNTY R	IGHT OF WAY ANI	D/OR EASEMENTS.				
	Signature				Date		
		Applicable t	o Sign Permits Of	NLY:			
TENANT/BUSINESS NA	ME:	**					
OCCUPANCY PERMIT N	UMBER:						
SIGNAGE DETAIL:	☐ Wall Sign ☐ Fre	estanding Sir	ngle Face Double	Face 🔲 Illumin	ated Non-l	lluminated	
Height:	Len,	gth:	Sq Ft:	Gro	ound Clearance	:	
ADDITIONAL INFORMA	TION (i.e. Sign Copy)	:					
		DE	CLARATION:				
DECLARATION: I declare to the best of r I also understand that a information / documen	dditional data and inf	formation may be					
Print Name	9		Signature			Date	
		STA	FF USE ONLY:				
☐ OTC ☐ PLAN CHE	CK PLANNING A	PPLICATION [	]PCRA □CE		<b>SETBACKS</b>		
ZONING:		Coastal	I	ACTUAL:		REQUIRED:	
APN#:		Tlood F	Plain FRONT		<u> </u>		
LEGAL:			SIDE (R)				
PA/CP:		Requir	ed SIDE (L)		<u> </u>		
PLANNER'S NAME:			REAR				
APPLICATION COMPLET CUSTOMER CARE STAFF			-				
(per related checklist)			INITIA	և	DATE _		



## Designation of Financially Responsible Party

County of Orange

As stated in the Board-approved Ordinance, the County's Planning Department operates by recording actual costs against a deposit for grading and planning services. Thus, it is required that each permit or record maintained by Planning have a Financially Responsible Party (FRP) identified.

Per the County Ordinance, the FRP and the owner will receive all official communications regarding fiscal matters, including notices of low balances and additional requests for deposits and copies of permits. The FRP will also receive any refunds, if applicable. Once the FRP is identified, a confirmation notice will be sent in which the named FRP will have 10 days to notify the County of any errors. If the designation is contested, all work on the permit(s) may be stopped until this issue is resolved.

Permit / Record # (s)			
refilit / Record # (8)			
DI 10 11 DI 1		•> □ □	
Planned Communities Reimb	oursement Agreement (PCR.	A): LY LN	
Trust Account Name/Number:			(Associated for reference)*
*Automatic Trust Account Replenishment re			
As the Applicant	Owner Contractor	Other (specify)	, I designate
ah a Firran si alla Daga an aibla l	Davidor to ha		
the Financially Responsible	Party to be:		
Contact Person/Agent of this	application to be:		
☐ Applicant* ☐ Own	er Contractor 0t	:her*	
Name:			
Company/Business Name			
Address:			
City, State, Zip			
Email Address:			
PRINT NAME	SIG	NATURE	DATE
County Use Only	New Application	Revision to Curre	nt Application
Received by:	Date:	Role Updat	ted in APPS:
* Any FRP other than the own	on on a linemand contract	at have matarizedth	vization to complete a f