



Los Angeles County
 Public Works
 Building and Safety Division
 900 SOUTH FREMONT AVE, 3RD FLOOR (CAP PROJECTS)
 ALHAMBRA, CA 91803
 Telephone: (626) 458-2583
 Fax: (626) 979-5433
 http://dpw.lacounty.gov
 (M-Th 7-5:45)

**CAPITAL PROJECT
 GRADING PERMIT**
 Number: UNC-GRAD210325000155
 Issue Date: 09/01/2021

Permit#:
 UNC-GRAD210325000155

Permit Type: UNINCORPORATED GRADING **Work Class:** GRADING
Address: 2750 DE FOREST AVENUE LONG BEACH, CA 90806
A.P.N. #: 7201-012-900

Address:
 2750 DE FOREST AVENUE LONG BEACH, CA 90806

Owner/Builder: CITY OF LONG BEACH
Address: 411 W OCEAN BOULEVARD LONG BEACH, CA 90802 **Ph:** 562-570-6946
Applicant: PSOMAS / CITY OF LONG BEACH PUBLIC WORKS BUREAU - BRIAN CULLIGAN
Address: 333 W OCEAN BOULEVARD 9TH FLOOR LONG BEACH, CA **Ph:** 714-616-6284
 90806 714-616-6284

Description of Work: GRADING ASSOCIATED WITH FCDP2018000630 --WRIGLEY GREENBELT PROJECT

Cubic Yards Handled: 440 **Supervised Grading:** FEMA Flood Zone: X, X, A
County Flood Zone: **Fire Zone:** **State Highway:**

Special Conditions: Landscape Permit Required.

Surety Bond Amount: **Bond Number:** **OBLIGEE:**
Surety Company:

Note: Permits expire 1 year after issuance or 180 days from the date of the last inspection .
 For inspection requests please visit <https://epicla.lacounty.gov/> or call your local office at
 (626) 458-2583 to schedule inspection.

OWNER BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

I am exempt from licensure under the Contractors' State License Law for the following reason:

By my checking here I acknowledge that, except for my personal residence in which I must have resided for at least one year prior' to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leoinfo.castovicalaw.html>.

Date: _____ Signature of Property Owner or Authorized Agent _____

LICENSED CONTRACTOR'S DECLARATION

By checking here, I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class: _____ License No. _____ Date ____/____/____ Contractor Signature: _____

LOBBYIST ORDINANCE CERTIFICATION

Complete this section for permits in Unincorporated Los Angeles County only

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

Applicant (Print Name) _____ Applicant Signature _____

Company Name _____ Date ____/____/____

WORKERS COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: Carrier _____

Policy Number _____ Expiration Date ____/____/____ Name of Agent _____ Phone Number _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Signature of Applicant _____ Date ____/____/____

HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount specified on the hazardous materials information guide? Yes No

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines. Yes No

I have read the hazardous materials information guide and the SCAQMD permitting checklist, I understand my requirements under the Los Angeles County Code Title 2, Chapter 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD

ASBESTOS NOTIFICATION

Notification letter sent to AQMD and/or EPA I declare that notification of asbestos removal is not applicable to addressed project.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name _____

Lender's Address _____

By my signature below, I certify to each of the following:

I am the property owner or authorized to act on the property owner's behalf.

I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes

I am performing work in at least two trades that exceed the \$500.00 minimum to qualify as unrelated specialty trades or crafts. (Applies to Class B Contractor)

Signature of Property Owner or Authorized Agent _____ Date _____