## GRADING PERMIT HARD CARD

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Grading Permit # \_\_\_\_\_\_ Building Permit #\_\_\_\_\_

http://planning.smcgov.org/ Issue Date \_\_\_\_\_ Issuance of this Grading Permit "Hard Card" authorizes for the applicant to break ground on the project described below. Project Planner Issuance of this hard card is in addition to any required planning or building permit approvals that have been granted for the project. THIS "HARD CARD" SHALL REMAIN POSTED ON THE JOB SITE THROUGHOUT THE DURATION OF GRADING ACTIVITIES. Grading Operator/ Contractor: Site Address \_\_\_\_\_ License #: Tel: \_\_\_\_\_ Fax: \_\_\_\_ Property Owner: **Estimated Schedule Dates:** Mailing Address: Installation of Civil Engineer: Erosion Control measures: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ License #: Rough Grading Completion: Tel: \_\_\_\_\_ Fax: \_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_ Landscaping/Site stabilization: Applicant/ Parcel/Lot Size: \_\_\_\_ Acres/Sq.ft. Geotechnical Developer: Consultant: Area of land disturbance: \_\_\_\_\_ Acres/Sq.ft. Mailing Address: License #: PE CEG City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ ASBS ☐ Yes ☐ No Tel: \_\_\_\_\_ Fax: \_\_\_\_ Tel: \_\_\_\_\_Fax: \_\_\_\_ Grading Quantities (cubic yards) email: Cut: \_\_\_\_\_ c.y. Fill: \_\_\_\_\_ c.y. FC Point of Contact: Export: \_\_\_\_\_ c.y. Mailing Address: \_\_\_\_\_ Total cut and fill: City: \_\_\_\_\_ State: \_\_\_\_ Zip: Description of Work: Title/Qualification: Tel: Fax: No grading is allowed during the wet weather season (October 1 through April 30), unless authorization is ACCELA SIGN-OFFS: granted by the Community Development Director in advance of issuance of this hard card. **Building Approval Date** The project site is considered a Construction Stormwater Regulated Site (SWRS). Any authorized grading Fire Approval Date Environmental Health Approval Date and/or ground disturbance activities conducted during the wet weather season (October 1 through April 30) will require monthly erosion and sediment control inspections by the Building Inspection Section, or weekly inspections if the project site is within the Fitzgerald Area of Special Biological Significance (ASBS). Any violations must be corrected within 10 business days of Notice by the County. REQUIRED SIGNATURES: DPW (Roads) Approval/Date Building (Geotechnical) Approval/Date I hereby acknowledge that I have read this application and agree to comply with all applicable ordinances and regulations pertaining to this permit. Furthermore, I certify that the information provided is true and correct to the best of my knowledge and belief and that it is my responsibility to notify the county of any Planning Approval/Date Issued By/Date changes to this information. Applicant: Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Fees Paid Original to: ☐ Applicant Copy to: ☐ Grading Inbox ☐ Planning File ☐ Building File