



CITY OF SEAL BEACH - PUBLIC WORKS DEPARTMENT
 211 8TH STREET, SEAL BEACH, CA 90740

APPLICATION DATE:

PUBLIC WORKS PERMIT APPLICATION

Telephone: (562)431-2527 Ext 1319 | Email: PWPermits@sealbeachca.gov

PERMITTEE INFORMATION		FOR OFFICIAL USE ONLY	
PERMITTEE:		PERMIT #:	ISSUED BY:
CONTACT NAME:		ISSUE DATE:	EXPIRATION DATE:
ADDRESS:			
PHONE:		EMAIL:	
OWNER INFORMATION <i>(if different than Permittee)</i>			
OWNER/CONTACT NAME:		PHONE:	
ADDRESS:			
CONTRACTOR INFORMATION			
CONTRACTOR:		STATE LICENSE #/CLASSIFICATION:	CITY BUSINESS LICENSE #:
CONTACT NAME:		EXPIRATION DATE:	EXPIRATION DATE:
ADDRESS:			
PHONE:	EMERGENCY PHONE:	EMAIL:	
DESCRIPTION OF WORK			
WORK LOCATION:		<input type="checkbox"/> STREET <input type="checkbox"/> ALLEY	<input type="checkbox"/> PUBLIC FACILITY/ BUILDING
DESCRIPTION OF WORK: <i>(provide 3 copies of plans)</i>		<input type="checkbox"/> EXCAVATION <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> DUMPSTER	<input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> STREET CLOSURE <input type="checkbox"/> OTHER: _____ _____
APPLICATION ASSOCIATED WITH ANOTHER PERMIT: <input type="checkbox"/> NO <input type="checkbox"/> YES, (type) _____	ASSOCIATED PERMIT/PROJECT #:		
START DATE:	END DATE:	# OF WORKING DAYS:	WORKING HOURS:
MORATORIUM: <input type="checkbox"/> YES <input type="checkbox"/> NO	ENCROACHMENT AGREEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	NIGHT WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FEES			
PERMIT FEE:	FOR OFFICIAL USE ONLY		
	RECEIPT #:		
IF APPLICABLE, RETURN PERMIT DEPOSIT TO:			
ADDRESS:			