



**CITY OF GRASS VALLEY
ENGINEERING DIVISION**

Permit No. _____

125 East Main Street
Grass Valley, CA 95945
530-274-4373
Fax: 530-274-4399

GRADING PERMIT APPLICATION

Project Address: _____ Assessor's Parcel: _____ - _____ - _____

Project Description: _____

Will any Trees be removed? NO YES TREE PERMIT # _____

Property Owner: _____ Phone # _____

Mailing Address: _____ Fax # _____

City/State/Zip: _____

Email: _____

Contact Person: _____ Phone # _____

Mailing Address: _____ Fax # _____

City/State/Zip: _____

Email: _____

Engineer: _____ Phone # _____

Mailing Address: _____ Fax # _____

City/State/Zip: _____

Email: _____

Contractor: _____ Phone # _____
when determined

Mailing Address: _____ Fax # _____

City/State/Zip: _____

Email: _____

License Type: _____ License # _____

**** Please Read Additional Permits Information Below ****

1. A **Tree Removal Permit** may be required if you are planning to remove any trees as part of this grading work. See Engineering Division for more information on Tree Removal Permit and/or application.
2. An **Encroachment Permit** is required if you are planning to construct any improvements, do any work, or park any trailers or equipment within a City street, right-of-way or easement during this grading work. See Engineering Division for more information on Encroachment Permit and/or application.
3. A **Building Permit** may be required if any retaining walls are to be constructed as part of this grading work. See the Building Department for more information on retaining wall permits.

APPLICANT SIGNATURE _____ DATE _____
(Owner or Authorized Representative)

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**** To Be Completed By City of Grass Valley ****

Grading / Improvement Plan Deposit for Plan Check	\$ _____ Date: _____ Receipt #: _____
Additional Deposit will be required if actual costs exceed original deposit. Additional Deposit for Plan Check	\$ _____ Date: _____ Receipt #: _____
Deposit for Inspection will be required at the time of Permit Issuance. Inspection Deposit	\$ _____ Date: _____ Receipt #: _____
Additional Deposit for Inspection	\$ _____ Date: _____ Receipt #: _____

APPLICANT SIGNATURE _____ **DATE** _____
 (Owner or Authorized Representative)