

**CITY OF INDUSTRY**  
P.O. Box 3366, City of Industry, CA 91744  
Administrative Offices: 15625 E. Stafford Street  
(626) 333-2211 Fax: (626) 961-6795

JN: \_\_\_\_\_

**APPLICATION FOR CONSTRUCTION PERMIT**

(Print project/applicant name) \_\_\_\_\_  
hereby makes application to construct on or in the public streets and rights of way, and City easements at the location described below, subject to the provisions of the ordinances of the City of Industry and THE ATTACHED REQUIREMENTS.

In consideration of the granting of this permit, it is further agreed by the applicant that the City of Industry and any of its officers or employees shall be saved harmless by the applicant from any liability or responsibility for any accident loss or damage to persons or property, happening or occurring as the proximate result of any work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that all said liabilities are hereby assumed by the applicant.

Location: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Permanent Resurfacing:      Permittee            City Forces            N/A     

Special Requirements: \_\_\_\_\_

Signed: \_\_\_\_\_ Contractor: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Lic. Class: \_\_\_\_\_ # \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Workers' Compensation Insurance:

Telephone \_\_\_\_\_ On File  Attached

**PERMIT REQUIRED PRIOR TO COMMENCING WORK**

**PERMIT**

Permit Issued: Date \_\_\_\_\_ By \_\_\_\_\_ No. \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Bond Amount \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to "City of Industry". This permit is nontransferable and is valid for six months from date of issuance. A copy of this permit is required on the job site at all times when work is in progress. **INSPECTION IS REQUIRED:** Call (626) 333-0336 at least 24 hours prior to start of any work. **To validate this permit, permittee must obtain an inquiry identification number from Underground Service Alert at 1-800-422-4133.**

Inquiry Identification Number: \_\_\_\_\_

**COMPLETION NOTICE**

When work is completed fill out copy and send to City Engineer's Office at above address.

Work Completed: \_\_\_\_\_  
Company/Signature/Date Completed

Work Accepted by City of Industry: \_\_\_\_\_  
Signature/Date

Work remains the responsibility of PERMITEE until accepted by the City.