



CITY OF THOUSAND OAKS
PUBLIC WORKS DEPARTMENT

File ID# _____

ON-SITE/IMPROVEMENT PERMIT # _____ Project # _____

Permittee _____ Phone _____
Address _____ City _____ Zip _____
Contractor _____ Phone _____
Address _____ City _____ Zip _____
State Contractor's License No. _____ Classification _____ Exp. Date _____
Civil Engineer _____ Phone _____
Address _____ City _____ Zip _____
Soils Engr/Geologist _____ Phone _____
Address _____ City _____ Zip _____
Description of construction _____
Address/location of job _____
APN's: _____, _____, _____, _____

For Department Use Only

City drawing # _____ Record drawings required yes [] no []
New pavement [] Removal/Replacement [] Overlay []
Total Section _____ inches To be determined after grading []
Pavement Surfacing _____ inches Asphalt [] Concrete []
Aggregate Base _____ inches City Encroachment Permit # _____
Sub-Base _____ inches City Grading Permit # _____
Plan Check Fee \$ _____ Date paid ___/___/___ Receipt # _____
Inspection Fee \$ _____ Date paid ___/___/___ Receipt # _____
TOTAL FEES \$ _____
Deviations from Municipal Code _____

48 hour advance notice required to schedule an inspection. Phone (805) 449-_____

Public Works Inspector _____ Special Conditions Attached: Yes [] No []

This permit authorizes only that work described above. Neither issuance of this permit or compliance with these provisions or with any conditions imposed by this permit shall relieve any person from responsibility for damage to other persons or property or impose any liability upon the governing agency for damage to other persons or property. All attached addenda are a part of this permit. All modifications to this permit or to the approved grading plan must be approved by the CITY by written change order prior to construction.

I/we hereby acknowledge that I/we have read this application and state that the above is correct, and that all work will be in accordance with the approved plans and with City Municipal Code Section 9-4.2404. In consideration of the CITY issuing this onsite paving permit, I/we agree to comply with all provisions of this permit including the standard conditions (Res. 95-20), project conditions, and special conditions, if any.

Signature _____ Date _____ Released by Planning Dept. _____ Date _____
Authorized Agent for Permittee
Print Name: _____ Issued by Public Works Dept. _____ Date _____
Permit Start Date: _____ Date _____
EXPIRATION DATE: _____
Time Extension: _____ By: _____

Fill in ALL blanks. If not applicable, write "N/A"