



Permit No. _____

City of Desert Hot Springs

65950 Pierson Boulevard, Desert Hot Springs, CA 92240 • www.cityofdhs.org • 760-329-6411 • Fax: 760-288-0639

ENGINEERING PERMIT APPLICATION

TYPE OF PERMIT REQUESTED			
<input type="checkbox"/>	CFD Deposit	<input type="checkbox"/>	Hydrology Report
<input type="checkbox"/>	Encroachment	<input type="checkbox"/>	Lot Line Adjustment
<input type="checkbox"/>	Final Parcel Map	<input type="checkbox"/>	Parcel Merger
<input type="checkbox"/>	Final Tract Map	<input type="checkbox"/>	PM10Dust Mitigation Plan
<input type="checkbox"/>	Grading Inspection	<input type="checkbox"/>	PTax2 Deposit
<input type="checkbox"/>		<input type="checkbox"/>	Public Improvement Plan Check
<input type="checkbox"/>		<input type="checkbox"/>	Soils Report
<input type="checkbox"/>		<input type="checkbox"/>	Storm Water Pollution Prev Plan
<input type="checkbox"/>		<input type="checkbox"/>	Water Quality Management Plan
<input type="checkbox"/>		<input type="checkbox"/>	Wide/Overweight/Overlong Load Rev.

PROJECT DETAILS

Total Value of Work (Materials and Labor): \$ _____

Description of Project:

Project Site Information *ALL 36 X 24 PLANS MUST INCLUDE (1) 11 X 17 PLAN AT SUBMITTAL*

Site Address: _____

Assessor Parcel #: _____ Lot: _____ Zone: _____

Property Owner Information

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ E-Mail: _____

Contractor Information

Company Name; _____ Contact Person: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ E-Mail: _____

State Contractors License #: _____ License Class: _____ Expiration Date: _____

City Business License #: _____ Expiration Date: _____

Architect Information

Name: _____ Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Professional License #: _____ City Business License #: _____

Engineer Information

Name: _____ Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Professional License #: _____ City Business License #: _____

Important: Any false or misleading information shall be grounds for denying this permit.

Signature: _____ Title: _____ Date: _____

-- FOR OFFICE USE ONLY--

Engineering Dept. Hold Release

*Fully burdened hourly rate

Comments:

PRINT

SAVE