



COUNTY OF SAN JOAQUIN, DEPARTMENT OF PUBLIC WORKS



Application No. _____
(For Office Use Only)

APPLICATION FOR A PERMIT

1. Description of proposed work: _____

2. Location: _____

Section _____, Township _____, Range _____, Mount Diablo Base and Meridian

San Joaquin County Assessors Parcel Number _____

3. _____ of _____
(Owner of property) (Address)

(City) (State) (Zip) (Phone Number)

4. _____ of _____
(Name of Permittee -Entity Doing the Work)

(City) (State) (Zip) (Phone Number)

5. Endorsement: (of other Agencies)

We, the representatives of _____
(Agency Name)

approve this plan, subject to the following conditions:

Conditions listed on the back of form Conditions attached No Conditions

(Signature) (Date) (Signature) (Date)

6. Names and addresses of property owners sharing a common boundary with the land upon which the contents of this application apply. If additional space is required, list names and addresses on the back of form or on an attached sheet.

7. Has an environmental determination been completed for the proposed work according to the California Environmental Quality Act of 1970? Yes No Pending

If yes or pending, give the name and address of the lead agency and State Clearinghouse Number: _____

_____ SCH No. _____

8. Please check exhibits accompanying this application:

- a. Map showing the location of the proposed work
- b. Drawing showing plan and elevation views of the proposed work, scale, and materials of construction
- c. Drawing showing the cross section dimensions and elevations of levees, berms, stream banks, flood plane, low flow
- d. Drawings showing the profile elevations of levees, berms, flood plane, low flow

9. Is the applicant acting for the owner of the proposed works? Yes No

If yes, the name, address, and telephone number of the owner:

(Signature of Owner) (Date)

(Signature of Applicant) (Date)

For additional information:

