



CITY OF MURRIETA GRADING PERMIT APPLICATION

All Fields Required Unless Otherwise Noted

PROJECT STREET ADDRESS:			
ASSESSOR'S PARCEL NO.:			
PROJECT NAME:			
PROJECT LEGAL DESCRIPTION: TRACT/PARCEL/MB NO.:			
GROSS ACRES:		NUMBER OF LOTS:	
24 HOUR CONTACT NAME AND PHONE NUMBER:			
CHECK ALL THAT APPLY:	CONTRACTOR	OWNER BUILDER	
Name (Last, First)			
Title / Company			
Street Address			
City, State, Zip			
Phone / Cell			
Email			
Contractor's License & Expiration Date <i>(required unless owner/builder)</i>		City Business License & Expiration Date <i>(required unless owner/builder)</i>	
OWNER:			
Name (Last, First)			
Title / Company / Trust			
Street Address			
City, State, Zip			
Phone / Cell			
Email			
APPLICANT:			
Name (Last, First)			
Title / Company			
Street Address			
City, State, Zip			
Phone / Cell			
Email			
CHECK ALL THAT APPLY:	PAYEE	BILLING CONTACT	Security refunds will be directed to Payee.
Name (Last, First)			
Title / Company			
Street Address			
City, State, Zip			
Phone / Cell			
Email			

I certify that I have read this application and state the above information is correct, and that I am the property owner, authorized agent of the property owner, or other person that has a legal right, interest, or entitlement to the use of the property that is the subject of this application. I understand that the applicant is responsible for knowing and complying with governing policies and regulations applicable to the proposed development or permit.

I have the authority and grant City staff and advisory bodies the right to make copies of any plans or reports submitted for review and permit processing for the duration of the project.

Signature - **Only Wet or Digital Signature will be accepted.**

Date