



City of Larkspur
400 Magnolia Avenue
Larkspur, CA 94939
(415) 927-5110

Permit Number: _____
 Date Issued: _____
 Expiration Date: _____
 Fee \$ _____
 Receipt No: _____

Grading/Hauling Permit Application

Location: _____	Assessor Parcel Number: _____
Owner's Name: _____	Contractor's Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Applicant's Name: _____	Email Address: _____
Applicant's Phone Number: _____	License Number: _____

Description of work to be performed: _____

Attach reference drawings; indicate existing and proposed grades on plans

Anticipated start date: _____	Anticipated completion date: _____
Cubic yards fill: _____	Cubic yards excavation: _____
To be imported from: _____	Dump location: _____
Haul route: _____	Haul route: _____

Applicant Signature: _____ **Date:** _____

Print Name: _____

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Department use only

Approved By: _____ Date: _____

Comments/Conditions: _____

