



City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240
Telephone (760) 329-6411 • www.cityofdhs.org

Permit No. _____

ENGINEERING PERMIT APPLICATION

TYPE OF PERMIT REQUESTED

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Final Parcel Map | <input type="checkbox"/> Landscape Plan Check Re-check | <input type="checkbox"/> Special Use City/Park Property |
| <input type="checkbox"/> Const/Debris Permit | <input type="checkbox"/> Final Tract Map | <input type="checkbox"/> Wide/Overweight/Long Load Permit | <input type="checkbox"/> Street Sweeping Services FBHR |
| <input type="checkbox"/> Encroachment Permit | <input type="checkbox"/> Grading Inspection | <input type="checkbox"/> Hazardous Materials Clean up FBHR* | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environ Neg Dec | <input type="checkbox"/> Landscape Plan Check | <input type="checkbox"/> Spilled Load Clean up | |

PROJECT DETAILS

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

Description of Project: _____

Project Site Information:

ALL 36X24 PLANS MUST INCLUDE (1) 11X17 PLAN AT SUBMITTAL

Site Address _____

Assessor Parcel No. _____ Lot: _____ Zone: _____

Property Owner Information:

Owner Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ E-Mail _____

Contractor Information:

Company Name _____ Contact Person _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ E-Mail _____

State Contractor's License No. _____ License Class _____ Expiration Date _____

City Business License No. _____ Expiration Date _____

Architect Information:

Name _____ Phone (____) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Professional License No. _____ City Business License No. _____

Engineer Information:

Name _____ Phone (____) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Professional License No. _____ City Business License No. _____

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

Signature _____ Title _____ Date _____

--- FOR OFFICE USE ONLY ---

ENGINEERING DEPT. HOLD RELEASE NAME _____ DATE _____ COMMENTS _____

* FULLY BURDENED HOURLY RATE

COMMENTS: _____