

City of Lake Forest/Department of Public Works
 100 Civic Center Drive
 Lake Forest, California 92630
 (949) 461-3487



PERMIT NO.: GRAD-55662

ISSUE DATE: 11/09/2022

GRADING PERMIT

Job Address: 101 Lopala		Tract or Parcel Map: Lot 7 of Tract 19124	
Legal Description: LOT 7 OF TRACT 19124		Total Lots/Units: 65	
Lots Inclusive: Lot 7		Cross Streets: Lopala and Bake Pkwy	
AP Number: 612-221-09		Title of Approved Plan: Grading & Onsite Storm Drain	
Owner: [REDACTED]	Contact: [REDACTED]	Phone: [REDACTED]	
Owner's Address: [REDACTED]		City: [REDACTED]	Zip: [REDACTED]
Civil Engineer: [REDACTED]		Address: [REDACTED]	
Soils Engineer: [REDACTED]		Address: [REDACTED]	
Grading Contractor: [REDACTED]		Address: [REDACTED]	
State License: [REDACTED]		Phone/Email: [REDACTED]	

OWNER/BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor License Law for the following reason (Sec. 7031.5, Business and Professions Code): Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law Chapter 9 commencing with Sec. 7000 of Div. 3 of the Business and Professions Code, or that he or she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500.

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business & Professions Code). The contractors license law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044 Business & Professions Code). The contractor's license law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) license pursuant to the Contractors License Law.

I am exempt under Section _____, B&P C, for this reason _____

Date _____ Signature of Owner _____

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097 CC).

Lenders Name _____

Lenders Address _____

EXPIRATION: EVERY PERMIT SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THE BUILDING OR WORK AUTHORIZED BY SUCH PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF SUCH PERMIT, OR IF THE BUILDING OR WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED AT ANY TIME AFTER THE WORK IS COMMENCED FOR A PERIOD OF 180 DAYS.

WORKERS COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Insurance Carrier _____

Policy Number _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

NOTES:

INSPECTION RECORD

I certify that the work been constructed according to the conditions, specifications and plans of this permit and I hereby accept the work in this manner.

Inspector's Signature: _____ Date: _____

Comments: _____

CITY APPROVAL

Thomas E. Wheeler _____ 11/9/22
 Director of Public Works/City Engineer Date

APPROVALS: WCMP (N) SWPPP (N)

GRADING BOND TYPE: Cash Deposit Delivered to City

\$ _____ # _____

BOND COMPANY: _____

Cash Deposit: _____

INSPECTION DEPOSIT: _____

CHECK #: _____

CUBIC YARDAGE	
CUT	IMPORT
FILL	EXPORT 4,000 cy
VALUATION	
GRADING \$7,600	
IMPROVEMENTS \$252,946	
TOTAL \$260,546	

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building and construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Signature of Applicant _____

Date 11/9/2022

Printed Name of Applicant _____

Applicant's Relationship to Project (e.g. Agent of Engineer) _____

LICENSED CONTRACTORS DECLARATION

I hereby certify under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class _____ License No. _____ Exp. 03/31/2024

Signature of Contractor _____

Date 11/9/2022

Printed Name of Contractor _____



MANDATORY SUPPLEMENTAL
GRADING PERMIT ENVIRONMENTAL INFORMATION

This form shall be completed and submitted by all grading permit applicants in order for the application package to be deemed complete. The information requested below will be used in the City's Water Quality compliance program for construction sites within the City's jurisdiction and in accordance with the requirements of the National Pollutant Discharge Elimination System (NPDES) Municipal Permit issued to the City by California Regional Water Quality Control Board(s).

Project Information:

Project/Site Name: The Meadows Apartments
Description of Project: Construction of new affordable apartments
Total Acreage of Site: 2.7 WDID No. (If applicable): 8 30C398262-552381
Acreage of Grading on Site: 2.7 Risk Level: Level 2
Type of Project: Residential Affected Watershed: Serrano Creek, San Diego Creek, Newport Bay
Construction Start Date: 11/22/2022 Construction End Date: 3/1/2024
Latitude: 33.668255 Longitude: -117.672561

Developer Information:

Developer Name: [REDACTED] Phone / Fax No.: [REDACTED]
Phone Fax
Full Address: [REDACTED]
Street City State Zip Code
Developer's Onsite
Contact Name / Phone Number: [REDACTED]
Name Phone
Legally Responsible Party /
Phone Number: [REDACTED]
Name Phone

For Official Use Only Permit Number: _____
Issue Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/08/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 	CONTACT NAME: [REDACTED]	
	PHONE (A/C, No, Ext): [REDACTED]	FAX (A/C, No): [REDACTED]
	E-MAIL ADDRESS: [REDACTED]	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: [REDACTED]	NAIC #
INSURED 	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL22101755740 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WSA 5062392 01	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Lake Forest 100 Civic Center Drive Lake Forest CA 92609	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE [REDACTED]