



**CITY OF
HERMOSA BEACH**

Community Development
Building & Safety Division

Phone: 310-318-0235
Hours: Mon. – Thur. 7am-6pm
CommunityDevelopment@hermosabeach.gov

1 PLAN REVISION, 2 RESUBMITTAL, OR 3 PRE-REVIEW

STAFF USE ONLY

Planner Approval		Plan Check/Permit #	
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PROPERTY & JOB INFORMATION

Job Address: _____, Hermosa Beach, CA

Narrative of revision or resubmittal (Provide a description of what has been changed or updated):

APPLICANT – THIS IS THE PRIMARY POINT OF CONTACT

Full Name	Phone #:
Email Address (this will be the primary means of contact):	
Mailing Address:	

APPLICANT AFFIDAVIT

(I/We) am/are aware that the following requirements may apply to this permit application:
(1) If located within the Coastal Zone, the applicant may need to acquire an additional Coastal Development Permit, or Exemption. The approval must be provided to the City (by the applicant), prior to this work being issued.
(2) Depending on the scope of work, Hermosa Beach may require geotechnical reports, and Recording of Documents may be required prior to closing any associated permits.
(3) Additional reviews and submittals may be required for LA County Fire, Public Works, Waste Reduction Plan, & Standard Urban Storm Water Mitigation Plan.
(4) All permits require that the following be provided: Pedestrian & Adjacent Property Protection, Best Management Practices, Air Quality Requirements, Hazardous Materials Requirements, and Waste Reduction Requirements
(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.
(5) Initial _____, ALL PLAN REVISIONS OR RESUBMITTALS ARE "BUBBLED" ON THE ATTACHED PLAN SET.

Signature _____ **Date:** _____
Printed Name: _____