



PERMIT No: _____
(for staff use only)

501 Main Street
Half Moon Bay, Ca 94019
(650) 726-7177; FAX (650) 726-8261
Email: building@hmbcity.com

APPLICATION FOR PUBLIC WORKS PERMIT

(COMPLETE ALL FIELDS BELOW, PRINT CLEARLY AND IDENTIFY THE APPLICANT BY CHECKING THE APPROPRIATE BOX)

LOCATION OF PROPOSED WORK:

CLASS OF WORK:

- ENCROACHMENT PERMIT
TREE REMOVAL & TRIMMING PERMIT
GRADING PERMIT
SITE IMPROVEMENT

SCOPE OF WORK:

START DATE:

FINISH DATE:

ESTIMATED COST OF WORK:

CONTACT INFORMATION:

OWNER INFORMATION:

APPLICANT: []

NAME: _____ PHONE #: _____
ADDRESS: _____
EMAIL ADDRESS: _____

CONTRACTOR INFORMATION:

APPLICANT: []

NAME: _____ PHONE #: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS: _____ LIC #: _____
WORKERS' COMP: _____ POLICY #: _____

ENGINEER INFORMATION:

APPLICANT: []

NAME: _____ PHONE #: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS: _____ LIC #: _____

All provisions of City ordinances and City Standards will be complied with, whether specified herein or not. Plans approved by Department form a part this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application and that before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: _____
(OWNER OR AUTHORIZED AGENT)

DATE: _____