



COMMUNITY DEVELOPMENT DEPARTMENT

1700 W. 162nd Street, Gardena CA 90247

TEL: (310) 217-9530 FAX: (310) 217-9698

Permit Application for Fences / Reroof / Wall Signs

****Certifications may be required for specialized installations****

PROPERTY ADDRESS: _____ **PERMIT #** _____

<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenants	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Designer
Name		License No.		
Address		Company Name		
City/State/Zip		Address		
Phone No.		City/State/Zip		
Email Address		Phone No.		
		Email Address		

<input type="checkbox"/> Contractor	<input type="checkbox"/> Owner-Builder	Applicant/Contact Person	
CA Lic No.:	Lic. Class:	City Lic No.:	Name
Company Name			Address
Address			City/State/Zip
City/State/Zip			Phone No.
Phone No			Email Address

Valuation of Work:	Sq. Ft.:	Plan Check Fee:	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Property is Part of a Home Owner's Association
Detailed Description of Work and Name of HOA			

I hereby certify that I have read and examined this application and know that same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any State Contractors License law and will comply with all of its provisions before commencing the performance of work covered by this permit. I am also aware of the provisions of Section 3700 of the State Labor Code which requires every employer to be insured against liability of workmen's compensation or to undertake self-insurance with the provisions of that Code, and I will comply with such provisions before commencing the performance of work covered by this permit.

Signature	Print Name
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