



# City of La Quinta

## PUBLIC WORKS DEPARTMENT APPLICATION FOR PERMIT

Date: \_\_\_\_\_

Tract No: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Vicinity: \_\_\_\_\_

Purpose of Construction (i.e.: Rough Grading, Offsite Street, etc.) \_\_\_\_\_  
\_\_\_\_\_

Description of Construction (i.e.: See Plan Set No. 01234) \_\_\_\_\_

Dimension of Installation or Removal: \_\_\_\_\_

Approximate Construction Start Date: \_\_\_\_\_

Approximate Construction Completion Date: \_\_\_\_\_

Estimated Construction Cost: \$ \_\_\_\_\_

Estimated Construction Cost shall include the removal of all obstructions, materials, and debris, back-filling, compaction and placing permanent resurfacing and or replacing improvements

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_

Applicant E-mail Address: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Telephone Number: \_\_\_\_\_

Contractor State License Number: \_\_\_\_\_

Contractor City Business License Number: \_\_\_\_\_

Contractor E-mail Address: \_\_\_\_\_

**▶ A COPY OF THE CURRENT INSURANCE CERTIFICATE MUST BE PROVIDED ◀**

Applicant or Contractor General Liability Insurance Company: \_\_\_\_\_

Applicant or Contractor General Liability Insurance Policy Number: \_\_\_\_\_  
\_\_\_\_\_

**Office Use Only:**

Inspection Fee: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

As-Built Deposit: \_\_\_\_\_

Dust Control Deposit: \_\_\_\_\_

Credit Amount: \_\_\_\_\_

**TOTAL FEE DUE:** \_\_\_\_\_

**Office Use Only:**

Assigned Permit Number: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Administrative Authority: \_\_\_\_\_