



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-5100
www.ladpw.org

ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE
REFER TO FILE:

Date _____

I hereby declare under penalty of perjury that I have received the sealed file of _____ to take to the _____ District Office to obtain the grading permit.

I assume responsibility of all the file's contents. I will not alter, change, add to, or remove any contents from said file.

I am aware that no duplicate file is kept by the County. Therefore, in the event that this entire file or some portion of it is lost, the applicant may need to reapply for a grading permit (i.e., pay plan review fees and go through the plan review process again).

I am also aware that the District Office, upon receiving this file, may require up to 24 business hours to process the grading permit.

Signature

Print Name

Company Name

Telephone Number

Grading Plan Checker

RS:vc
Applicant Receipt of Grading File.doc
03/03/2008

