



CITY OF TRACY
Development Services
 333 Civic Center Plaza
 Tracy, CA 95376
 Telephone (209) 831-6400
 Fax (209) 831-6439

GRADING PERMIT NO. _____ APPROVED BY: _____

PROJECT NAME: _____

GENERAL CONTRACTOR: _____

SUBCONTRACTOR: _____

I. Description of land on which the proposed work is to be done. Street address, tract, lot number, etc.

II. Indicate the use of occupancy for which the proposed work is intended :

III. Give the estimated quantities of work involved - cubic yards to be moved etc.

IV. Identify and describe work covered by this permit.

V. Additional items:	YES	NO
A. Plans	_____	_____
B. Specifications	_____	_____
C. Bond	_____	_____
D. Geology	_____	_____
E. Soil Engineering Report (compaction test)	_____	_____
F. Storm Water Pollution Prevention Plan (SWPPP), Notice of Intent and Wastewater Discharge ID No. _____	_____	_____
G. Special Conditions	_____	_____

VI. Control dust daily and keep street clear of dirt, debris and mud.

VII. Any additional conditions, comments, and/or requirements _____

IN CASE OF EMERGENCY CALL: _____ Day () _____

_____ Night () _____