

41606 Date Street, Suite 205 Murrieta, CA 92562 main: (951) 696-0060 fax: (951) 696-0061

Amount

NO PER STATE OF THE PER			
Property Owner Name		Assesso	r's Parcel Number
Current Mailing Address		County F	Permit File Number
City, S	State, Zip		
Daytir	me Telephone Number		
	PERM	IT APPLICATION	
l hereby appl	y for a permit to construct the fo	llowing:	
(Example: Drive	way Apron, Utility Trenching, Fence, L	andscape, or just County Clearance.	(List property address)
I agree to at following:	oide by all requirements set fo	th in my permit and this appl	ication, and I agree to the
	DLCSD must be notified at least 48 hours prior to any construction.		
٠	Inspection shall be made by DLCSD for finish grade approval prior to placement of surfacing.		
٠	If DLCSD is not notified, any work performed is subject to immediate removal at my expense, and my deposit will be forfeited.		
•	I understand that driveway aprons must be constructed prior to Final of Building permit by RivCo. It is my responsibility to call for final inspection of apron to assure satisfactory completion and release of deposit.		
	DLCSD Development Impact Fee (DIF) must be paid prior to final inspection of the building permit by RivCo. DIF will be reviewed annually and may be adjusted to conform to changes in the construction cost index.		
I ACKNOWL	EDGE RECEIPT OF A COPY (	OF THIS APPLICATION.	
Property Owner			Date
RELEASE O	F DEPOSIT APPROVED.		
DLCS	D Inspector		Date
DEPOSIT RE	ELEASED.		

DLCSD Ck. #

Date