

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TO  
DEVELOPMENT SERVICES - ENGINEERING DIVISION  
ANY QUESTIONS CALL (310) 952-1795

**Permit Type**

Construction  
 Excavation  
 Encroachment  
 Trash Bin/Container

**CITY OF CARSON**  
ENGINEERING SERVICES PERMIT

**PERMIT APPLICATION**

**ESTIMATED  
START DATE**

**APPLICANT**

Applicant \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**JOB SITE**

**Location Type**

Residential  Commercial

**Existing Improvements**

CurbGutter  Sidewalk  Pavement  Parkway

Address \_\_\_\_\_ Dir \_\_\_\_\_ Street \_\_\_\_\_ Cross Street \_\_\_\_\_

Location Description

**Purpose**

- Trash Bin/ Container
- Street Closure
- Development Construction

**QUANTITY or  
MEASUREMENTS**

Pavement \_\_\_\_\_ Driveway \_\_\_\_\_ Curb and Gutter \_\_\_\_\_ Sidewalk \_\_\_\_\_