

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

|                                     |                      |                      |                        |                      |
|-------------------------------------|----------------------|----------------------|------------------------|----------------------|
| <b>QUANTITY or<br/>MEASUREMENTS</b> | <b>Pavement</b>      | <b>Driveway</b>      | <b>Curb and Gutter</b> | <b>Sidewalk</b>      |
|                                     | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> |