

TOWN OF PARADISE
5555 Skyway, Paradise CA 95969 (530) 872-6291

GRADING PERMIT

PERMIT NO. _____

ASSESSOR PARCEL NUMBER _____ ZONING _____
OWNER _____ TELEPHONE _____

EXHIBIT "A" TO TOWN OF PARADISE MASTER FEE SCHEDULE
TABLE NO. 3-G - GRADING PLAN REVIEW FEES

OWNER'S MAILING ADDRESS	CUBIC YARDS	FEE
CONTRACTOR'S NAME _____ TELEPHONE _____	50 or less	No Fee
CONTRACTOR'S MAILING ADDRESS	51 to 100	\$ 29.00
ARCHITECT OR ENGINEER _____ LICENSE NO. _____	101 to 1,000	\$ 45.00
ARCHITECT OR ENGINEER'S MAILING ADDRESS	1,001 to 10,000	\$ 54.00
JOB ADDRESS	10,001 to 100,000	\$57.50 for the first 10,000 cubic yards, plus \$26.00 for each additional 10,000 cubic yards or fraction thereof.
DIRECTIONS	100,001 to 200,000	\$291.50 for the first 100,000 cubic yards, plus \$13.25 for each additional 10,000 cubic yards or fractions thereof.
LOT NO. _____ SUBDIVISION MAP _____ PARCEL MAP _____	200,001 or more	\$410.75 for the first 200,000 cubic yards, plus \$7.25 for each additional 10,000 cubic yards or fraction thereof.

TYPE OF WORK

New ____ Addition ____ Utilities ____ Other ____

Describe work: _____

CONTRACTORS LICENSE LAW

I declare under penalty of perjury (check one):

____ I am licensed under provisions of Chapt. 9, Div. 3 of the Business and Professions Code and my license is in full force and effect.

License No. _____ Classification _____

____ I, as the owner, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. (Sec. 7044)

____ I, as the owner, am exclusively contracting with licensed contractors. (Sec. 7044)

____ I am exempt under Sec. _____ of the Business and Professions Code for this reason:

WORKMEN'S COMPENSATION INSURANCE

I declare under penalty of perjury (check one):

____ The permit is for \$100.00 (valuation) or less.

____ I have placed on file with the Town of Paradise a Certificate of Workman's Compensation Insurance or a Certificate of Consent to Self-Insure.

____ I shall not employ any person in any manner so as to become subject to the W.C. laws of California

Notice to Applicant: If after making this statement, should you become subject to the Workmen's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply to all Town ordinances and state Laws relating to building construction, and hereby authorize representative of the Town of Paradise to enter upon the above-mentioned property for inspection purposes. I also agree to save, indemnify and keep harmless the Town & its agents against all liabilities, judgments, costs, and expenses which may in any way accrue against said agency in consequence of the granting of this permit.

X _____ Date _____

Signature of Applicant: Owner ____ Contractor ____ Agent ____

Estimated Completion Date _____ **Permit Expires one (1) year from issuance.**

Receipt No. _____

This permit is hereby issued under the applicable provisions of the Paradise Code and/or resolutions to do work indicated above for which fees have been paid.

Revised 1-09

TABLE NO. 3-H - GRADING PERMIT FEES

(NOTE: The fee for a grading permit authorizing additional work to that under a valid permit shall be the difference between the fee paid for the original permit and the fee shown for the entire project.)

CUBIC YARDS	FEE
50 or less	\$ 29.00
51 to 100	\$ 42.00
101 to 1,000	\$45.00 for the first 100 cubic yards plus \$20.00 for each additional 100 cubic yards or fraction thereof.
1,001 to 10,000	\$225.00 for the first 1,000 cubic yards, plus \$14.50 for each additional 1,000 cubic yards or fraction thereof.
10,001 to 100,000	\$355.50 for the first 10,000 cubic yards, plus \$66.00 for each additional 10,000 cubic yards or fraction thereof.
100,000 or more	\$949.50 for the first 100,000 cubic yards, plus \$36.50 for each additional 10,000 cubic yards or fraction thereof.

1. Inspections outside of normal business hours (minimum charge - two hours)

\$65.00 per hour *

2. Reinspection fees assessed under provisions of Section 305 (g): \$65.00 per hour *

3. Inspections for which no fee is specifically indicated (minimum charge, one-half hour): \$65.00 per hour *

*OR the total hourly cost to the jurisdiction, whichever is the greatest. This cost shall include supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved. Grading activities associated with this permit shall conform to all applicable requirements of Chapter 15.04 of the Paradise Municipal Code.

Plan check fee \$ _____

Grading permit fee \$ _____

G.P. / T.U. fee \$ _____

TOTAL FEE \$ _____

TOWN OF PARADISE AUTHORIZED AGENT

By: _____ Date: _____