



Community Development Department
 455 N. Rexford Drive, 1st Floor
 Beverly Hills, CA 90210
 Phone: (310) 285-1141
 buildingandsafetyinfo@beverlyhills.org

UTILITY PERMIT APPLICATION

UTILITY INFORMATION		
LAST NAME	FIRST NAME	E-PLAN E-MAIL
UTILITY COMPANY		
BUSINESS ADDRESS		PHONE
CITY	STATE	ZIP

CONTRACTOR INFORMATION		
<input type="checkbox"/> LIABILITY INSURANCE REQUIRED		
LAST NAME	FIRST NAME	E-MAIL
COMPANY NAME		LICENSE NO.
BUSINESS ADDRESS		PHONE
CITY	STATE	ZIP

CONSTRUCTION INFORMATION	
PROJECT ADDRESS	
WORK HOURS	<input type="checkbox"/> AT&T <input type="checkbox"/> SOUTHERN CALIFORNIA EDISON <input type="checkbox"/> THE GAS COMPANY <input type="checkbox"/> SPECTRUM
CONSTRUCTION START DATE	
CONSTRUCTION END DATE	

WORK DESCRIPTION

MARK THE AREA OF USE <input type="checkbox"/> CURB LANE R-O-W <input type="checkbox"/> SIDEWALK R-O-W <input type="checkbox"/> ALLEY R-O-W <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> PARKING METER USE METER NUMBER _____ NUMBER OF NO PARKING SIGN _____ OVERHEAD
NOTE: No Parking signs shall be posted 24 hours in advance for construction projects; all other uses (e.g. commercial moves) require posting 72 hours in advance.	

DISCLAIMER AND SIGNATURE
<i>I certify that I have read this application and the information contained herein is correct. I agree to comply with all City requirements, as well as pertinent sections of the Municipal Code of the City of Beverly Hills.</i>
Signature _____ Date _____

ADDITIONAL CONTRACTOR INFORMATION

CONTRACTOR INFORMATION			<input type="checkbox"/> LIABILITY INSURANCE REQUIRED
LAST NAME	FIRST NAME	E-MAIL	
COMPANY NAME		LICENSE NO.	
BUSINESS ADDRESS		PHONE	
CITY	STATE	ZIP	

CONTRACTOR INFORMATION			<input type="checkbox"/> LIABILITY INSURANCE REQUIRED
LAST NAME	FIRST NAME	E-MAIL	
COMPANY NAME		LICENSE NO.	
BUSINESS ADDRESS		PHONE	
CITY	STATE	ZIP	

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