



UTILITY PERMIT APPLICATION

UTILITY COMPANY INFORMATION							
LAST NAME:		FIRST NAME:		E-PLAN EMAIL:			
UTILITY CO.:				CELL:			
ADDRESS:				PHONE:			
CITY:			STATE:		ZIP:		
APPLICANT INFORMATION							
LAST NAME:		FIRST NAME:		EMAIL:			
UTILITY COMPANY:				CELL:			
BUSINESS ADDRESS:				PHONE:			
CITY:			STATE:		ZIP:		
CONTRACTOR INFORMATION							
							<input type="checkbox"/> LIABILITY INSURANCE REQUIRED
LAST NAME:		FIRST NAME:		EMAIL:			
UTILITY CO.:				CELL:			
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 <input type="checkbox"/> OTHER UTILITY _____				
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 <input type="checkbox"/> METER NUMBER(S) _____ <input type="checkbox"/> NUMBER OF NO PARKING SIGN _____ <input type="checkbox"/> 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>							
Name: _____ Signature: _____ Date: _____							

ADDITIONAL CONTRACTOR INFORMATION

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

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

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

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

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