

CITY OF DUBLIN

Public Works
Department



100 Civic Plaza
Dublin, CA 94568
Phone: (925) 833-6630
Website: www.dublin.ca.gov
Submit Application to: PWPPermits@dublin.ca.gov

VALID FROM

TO

Permit Number

Miscellaneous Services Permit

Applicant Name: Owner Contractor Agent

Phone No.:

Fax No.:

E-mail Address:

Address:

Contractor Name and Address (if different from Applicant):

State Contractor's License No.:

City Business License No.:

Site Contact Person:

Site Contact Phone No. (24/7):

Location(s) of Work (Detailed):

Est. Start Date:

Est. End Date:

Description of work to be performed:

Permit Type:

- Research (per 1/2 hour)
- Amended Map
- Certificate of Correction
- Certificate of Compliance/Merger/
Parcel Map Waiver
- Warranty Inspection & Project Closeout
- Street Vacation/Abandonment
- COA Compliance Review (No imp. Plans)
- Single Parcel Review (No imp. Plans)

Indemnification. Permittee shall indemnify, hold harmless, and defend the City (including its elected officials, officers, agents, and employees) from and against any and all claims (including litigation, demands, damages, liabilities, costs, and expenses, and including court costs and attorney's fees) resulting or arising from performance, or failure to perform, under this application (except only for those claims arising from the City's sole negligence, willful misconduct, or active negligence, as defined by California Civil Code section 2782). This permit shall inure to the benefit of and be binding upon the Permittee and the Permittee's respective successors and assigns. This permit shall not be assigned or transferred without the written consent of the City.

Signature of Applicant:

Date:

Signature of Owner (if different from Applicant):

Date:

CITY USE ONLY

Fee/Deposit:

FCN:

Other:

Other:

Engineer assigned to:

Inspector:

Rec'd Stamp

