



NOTICE: THIS IS NOT A BUILDING PERMIT ALL INFORMATION IS PUBLIC RECORD

**APPLICATION TO CONSTRUCT**

DEPARTMENT OF PLANNING, BUILDING & SAFETY OF THE CITY OF INDIAN WELLS  
44-950 Eldorado Drive, Indian Wells, CA 92210

TELEPHONE (760) 776-0229 • FAX (760) 346-0407 • www.CityofIndianWells.org

<b>OWNER</b>	Owner _____ Address _____ City _____ Phone _____	Architect _____ Address _____ City _____ Phone _____	Contractor _____ Address _____ City _____ Phone _____
<p>I (we) the undersigned, hereby certify and acknowledge that I (we) have read the application and agree that if a landscaping and irrigation system, curb and gutter, paving, and/or dedication of right of way is required by the City of Indian Wells, the City Department of Building and Planning shall not make a final inspection or allow occupancy or use until said requirements have been met. I am also aware that no work is to be done within the City R/W without an encroachment permit, nor shall any clearing or earthwork be commenced prior to application for a grading permit.</p> <p>NOW, therefore, it is agreed that I (we) will not occupy or use said property and will not cause said property to be occupied until I (we) have complied with all laws of the City of Indian Wells and the State of California governing said property.</p> <p>Date _____ SIGNATURE OF OWNER AND/OR AGENT _____</p> <p>Approval by Signature from the Following Department Listed Below Must Be Obtained Prior to the Issuing of a Construction Permit.</p>			

**City Staff will complete all items below**

JOB ADDRESS _____ LEGAL DESCRIPTION OF PROPERTY _____ _____ ASSESSOR'S PARCEL NO. _____	<b>USE OF STRUCTURE</b>  SINGLE FAMILY <input type="checkbox"/> MULTI FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER <input type="checkbox"/> REMARKS _____  <input type="checkbox"/> Staff ALC Review <input type="checkbox"/> Full ALC Review
NO. OF SUBMITTED PLANS _____ ALC CASE NO. _____ NO. OF PARKING SPACES REQUIRED _____ NO. OF BUILDINGS NOW EXISTING _____ ZONE _____ SETBACKS    FRONT _____    SIDE FRONT _____ SIDE _____    REAR _____	
DATE _____ SIGNATURE OF BUILDING & PLANNING OFFICIAL _____	
GRADING PERMIT REQUIRED            YES <input type="checkbox"/> NO <input type="checkbox"/> ENCROACHMENT PERMIT REQUIRED    YES <input type="checkbox"/> NO <input type="checkbox"/> DEDICATION REQUIRED                    YES <input type="checkbox"/> NO <input type="checkbox"/> CURB AND GUTTER REQUIRED            YES <input type="checkbox"/> NO <input type="checkbox"/> SEWER HOOKUP REQUIRED                YES <input type="checkbox"/> NO <input type="checkbox"/>  HAS AN APPLICATION BEEN MADE FOR SEWER HOOK UP? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE _____ SIGNATURE OF PUBLIC WORKS OFFICIAL _____	
RECYCLING PROGRAM APPROVAL    YES <input type="checkbox"/> NO <input type="checkbox"/> DATE _____ SIGNATURE OF RECYCLING OFFICIAL _____	