

San Bernardino County Permits/Operations Support Division – Flood Control Section

825 East Third Street, Room 108 San Bernardino, CA 92415-0835 (909) 387-7995 – FAX (909) 387-1858



FLOOD CONTROL PERMIT AMENDMENT APPLICATION

PERMIT NO:			CITY/COMMUNITY:		
FILE NO:		DI	TRICT FACILITY:		
The undersigned hereby applies fo completing this application doesno					understood that
Describe type of work performed w	vithin District r	right-of-way under	original permit:		
**Is coverage under the State	Construction	on General Per	mit required for this project		
(http://www.swrcb.ca.gov/water_ If Yes, provide WDID number:	issues/prog	grams/stormwate	er/construction.shtml)	YES 🗌	NO 🗌
CHECK ALL THAT APPLY:					
Permittee Name Change To:	Name				
☐ Time Extension To:	Date				
Revision to Permitted Activity (Describe Proposed Revision, Including Location of Work):					
Permittee (PERMIT AMENDMENT WILL BE ISSUED TO)			Applicant (AGENT FOR PERMITTEE)		
Contact		Title	Address		
Address			City	State	Zip
City	State	Zip	Applicant's Representativ	e (PRINT)	
Phone #	FAX #		Phone #	FAX#	
E-mail address			E-mail address		Date

All applications shall be accompanied by 7 sets of plans, 2 sets of environmental approvals (if necessary), 3 sets of drainage calculations (if necessary) which include the input file listing, and all applicable fees. The submittal shall also contain one CD copy containing all plans and calculations.

**Permit Amendment issuance will be withheld without the required information

Rev 09/12/16