A Tradition of Stewardship

A Commitment to Service

GRADING PERMIT APPLICATION

Planning, Building & Environmental Services

1195 Third Street, Suite 210 Napa, CA 94559-3082

(707) 253-4417

Applicant Information (if different from property owner):		Property Owner Information:				
1. Nam Stree	se (First and Last or Company Name) State Zip ne Number Applicant Title ail Address	2. Name (First and Last or Company Name) Infinite Leisure LLC Care of: Cynthia Calderon Street Address I 390 N McDowell Blvd #G177 City State Zip Petaluma CA 94954 Phone Number N/A E-mail Address cynthia@transcendwealthpartners.com				
Proiect	Information:					
4. [5. 7. 8.	I 200 Grandview Drive, Napa, CA 94558 Project Description (Attach drawings to application): Grading for new main residence, second dwelling Approximate Area of Disturbance: Cut Information: 7a. Estimated Quantity (CY 8a. Estimated Quantity (CY 8f creating a reservoir: Estimated Storage (AC-FT)	Will natural drainage be affected? Yes No 3,140 ± 7b. Estimated Depth (FT) 0'-3'				
Applica	tion Fees:					
Application 75 Section 75 deposit to	on fee for processing a grading permit is based on an hourly fee of 5.020 as revised by the Board of Supervisors on July 31, 2018, Res	of \$146 per hour in accordance with the Napa County Policy Manual olution 2018-102 All grading permit applications require a \$2,000.00 Any portion of a deposit not used for issuance of a grading permit				
		E FOR OBTAINING ANY PERMITS				
	REQUIRED BY O	THER AGENCIES.				
WIT	I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED BY MYSELF OR MY REPRESENTATIVE IN CONNECTION WITH THIS PERMIT APPLICATION IS TRUE.					
Signatu	are of Owner:	Date: Jul 5, 2023 Date: Jul 5, 2023				
Signatu	are of Applicant: C. Calderon	_{Date} . Jul 5, 2023				



GRADING PERMIT RESUBMITTAL

This form must be filled out and returned with all the information requested in the comment letter. In order to assist us in determining which divisions and agencies need to review your plans when your resubmittal is turned in, all corrections and changes must be clearly identified on the plans by revision cloud and delta, additional changes must also be identified below, and a comment response letter submitted. Plans will not be accepted without this form. Clearly and concisely identify the major changes that may impact the plan review status of all reviewing divisions.

Permit # ———	FOR OFFICE USE ONLY			
	ROUTING Bin:			
	□Fire			
Date —	□Planning			
	☐Engineering☐Building			
	Plan Checker:			
Resubmittal Number: 1 2 3 4	Tiuli Clockol.			
Issued Permit Not Issued				
THO ISSUED				
PRIMARY CONTACT				
Primary Contact Name:		Project Name		
Triniary Confact Name.		rrojeci rvaine.		
Firm:		APN#:		
Site Address:	City:	State:	Zip:	
	•		·	
Address:	City:	State:	Zip:	
Phone:	Fax: Email	:		
CORRECTIONS/CHANGES to PLA	NS			
☐ Only corrections identified as neede	d in the Comment Letter.			
☐ These additonal changes were made	: :			
<u>1.</u>				
1.				
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<u>5.</u>				
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8.				
9.				
	DI .			
1	Please use th	e back of this page if	you have more changes	to identify.

Signature: Míchael R. Muelrath

Б.,

I understand that this information provided clearly represents all the revisions to the resubmittal. Any changes to the plans and documents that are not clearly clouded may cause my project to be re-routed and subject to delay.