

San Bernardino County  
Flood Control Operations Division – Permit Section

825 East Third Street, Room 108  
San Bernardino, CA 92415-0835  
(909) 387-7995 - FAX (909) 387-8043  
[www.sbcounty.gov/flood/permithome.htm](http://www.sbcounty.gov/flood/permithome.htm)



## FLOOD CONTROL PERMIT AMENDMENT APPLICATION

PERMIT NO: \_\_\_\_\_ CITY/COMMUNITY: \_\_\_\_\_

FILE NO: \_\_\_\_\_ DISTRICT FACILITY: \_\_\_\_\_

The undersigned hereby applies for permission to amend the above noted permit to perform the following work. It is understood that completing this application does not constitute permission to commence the work on District right-of-way.

Describe type of work performed within District right-of-way under original permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK ALL THAT APPLY:

Permittee Name Change To: \_\_\_\_\_  
Name

Time Extension To: \_\_\_\_\_  
Date

Revision to Permitted Activity  
(Describe Proposed Revision,  
Including Location of Work): \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Permittee (PERMIT AMENDMENT WILL BE ISSUED TO.....)

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone # FAX #

\_\_\_\_\_  
Applicant (AGENT FOR PERMITTEE)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Applicant's Representative (PRINT)

\_\_\_\_\_  
Applicant's Representative (SIGNATURE)

\_\_\_\_\_  
Phone # FAX #

\_\_\_\_\_  
Date

*All applications for revised construction activities shall be accompanied by 6 sets of plans,  
3 sets of drainage calculations (if necessary), and applicable fees.*