



City of Long Beach  
**Department of Development Services**  
 333 W. Ocean Blvd., 4th Floor  
 Long Beach, CA 90802  
 (562) 570-6651 Fax: (562) 570-6753

# Building Permit Application

APP-010 ver. 02.10.03

<b>PLEASE PRINT CLEARLY</b>					Project No.	Approved for PC Only			
1. PROJECT ADDRESS (NOT MAILING ADDRESS)			SUITE/UNIT NO.	DATE / /					
2. APPLICANT LAST NAME-FIRST NAME			PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR						
3. APPLICANT MAILING ADDRESS			E-MAIL ADDRESS						
4. CITY-STATE		ZIP	PHONE		FAX				
5. CONTRACTOR LAST NAME-FIRST NAME				STATE LICENSE NO. & TYPE					
6. CONTRACTOR MAILING ADDRESS			E-MAIL ADDRESS						
7. CITY-STATE		ZIP	PHONE		FAX				
8. CONTACT PERSON LAST NAME-FIRST NAME									
9. CONTACT PERSON MAILING ADDRESS			E-MAIL ADDRESS						
10. CITY-STATE		ZIP	PHONE		FAX				
11. DESCRIPTION OF WORK									
12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		CBC EDITION USED		NO. OF STORIES		CHANGE OF OCCUPANCY	
								FROM: TO:	
13. TOTAL SQUARE FEET OF THIS PROJECT									
COMM.		RES.			GAR.		MISC.		
14. VALUATION OF WORK COVERED BY THIS APPLICATION			NO. OF DWELLING UNITS		PRESENT USE		PROPOSED USE		
\$									
15. FIRE SPRINKLERS			16. FIRE ALARM SYSTEMS			17. FIRE STANDPIPES			
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			
18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.									
SIGNATURE:						DATE:			
							ISSUED BY (INITIALS)		
<b>FOR DEPARTMENT USE ONLY</b>									
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CFTO PL	HISTORIC STAMP REQ'D	PLANNING PC FEES REQ'D	ZONING APPRV'D	PLANNING STAMP REQ'D
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:									
<input type="checkbox"/> Contractor with Workers' Compensation					<input type="checkbox"/> Contractor without Workers' Compensation				
<input type="checkbox"/> Developer with Workers' Compensation					<input type="checkbox"/> Developer without Workers' Compensation				
<input type="checkbox"/> Owner with Workers' Compensation					<input type="checkbox"/> Owner without Workers' Compensation				
Workers' Compensation Company Name				Expiration Date			Policy No.		
				/ /					
This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at <a href="http://lbsds.longbeach.gov">lbsds.longbeach.gov</a>									