



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

Moving Permit Application

APP-015 ver. 01.09.27

PLEASE PRINT CLEARLY	Project No.	Approved for PC Only
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1. ADDRESS (NOT MAILING ADDRESS)	DATE / /
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From: _____ To: _____

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
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3. APPLICANT MAILING ADDRESS	E-MAIL ADDRESS
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4. CITY-STATE	ZIP	PHONE	FAX
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5. HOUSE MOVING CONTRACTOR LAST NAME-FIRST NAME	STATE LICENSE NO. & TYPE
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6. HOUSE MOVING CONTRACTOR MAILING ADDRESS	E-MAIL ADDRESS
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7. CITY-STATE	ZIP	PHONE	FAX
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8. ROUTE AND TIME	ROUTE APPROVAL
TIME : AM PM MONTH DAY 20	
STARTING FROM TO	GAS DEPARTMENT
ALONG TO	PUBLIC WORKS 10TH FLOOR TRAFFIC ENGINEERING
ALONG TO	PUBLIC WORKS 1601 SAN FRANCISCO TRAFFIC SIGNALS
ALONG TO	PARKS DEPARTMENT MAINTANANCE OPERATIONS
ALONG TO	LA COUNTY PUBLIC WORKS TRANSPORTATION PERMIT
ALONG TO	

9. OCCUPANCY GROUP	TYPE OF CONSTRUCTION	NO. OF STORIES	TOTAL SQUARE FEET OF THIS BUILDING	DATE POSTED
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NOTE - SEPARATE BUILDING AND PLUMBING PERMITS ARE REQUIRED TO REMOVE EXISTING FOUNDATION AND CAP THE SEWER FROM ORIGINAL LOCATION. SEPARATE PERMITS ARE REQUIRED FOR FOUNDATION AND REPAIRS AT THE NEW LOCATION. LEAVE KEY WITH APPLICATION. A SEPARATE PLOT PLAN MUST BE COMPLETED BY THE APPLICANT. THIS MUST SHOW SIZE OF LOT, LOCATION OF ALL BUILDINGS AND OFF STREET PARKING FACILITIES.

10. I HAVE CAREFULLY EXAMINED AND READ THE ABOVE APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT, AND THAT ALL PROVISIONS OF THE BUILDING ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH, WHETHER HEREIN SPECIFIED OR NOT.

SIGNATURE: _____ DATE: _____

	ISSUED BY (INITIALS)
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FOR DEPARTMENT USE ONLY								
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED	PLANNING STAMP REQUIRED
							<input type="checkbox"/> INT	<input type="checkbox"/>

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.
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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 lbs.longbeach.gov