



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

Plumbing Permit Application

APP-013 ver. 01.10.09

PLEASE PRINT CLEARLY				Project No.		Approved for PC Only	
				1. PROJECT ADDRESS (NOT MAILING ADDRESS)		SUITE/UNIT NO.	
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							
<input type="checkbox"/> FIXTURES (*TOTAL FROM BELOW) <input type="checkbox"/> REPIPE WATER SERVICE ONLY <input type="checkbox"/> HOSE BIBBS <input type="checkbox"/> BACKFLOW <2" <input type="checkbox"/> ROOF DRAIN <input type="checkbox"/> GREASE INTERCEPTOR <input type="checkbox"/> BACKWATER VALVE <input type="checkbox"/> GAS, DRAIN, VENT, ALTER/REPAIR		<input type="checkbox"/> GAS SYSTEM <input type="checkbox"/> REPIPE GAS/WATER FIXTURE <input type="checkbox"/> SPRINKLER (ANTISPHON) VALVE <input type="checkbox"/> BACKFLOW >2" <input type="checkbox"/> AREA DRAIN <input type="checkbox"/> SAND INTERCEPTOR <input type="checkbox"/> SUMP PUMP <input type="checkbox"/> MED/HIGH GAS METER <input type="checkbox"/> ALTER SYSTEM >2"		<input type="checkbox"/> ON LOT SEWER <input type="checkbox"/> VACUM BREAKERS <input type="checkbox"/> TRAP PRIMERS <input type="checkbox"/> FIRE HOSE OUTLET <input type="checkbox"/> PLANTER DRAIN <input type="checkbox"/> OTHER INTERCEPTOR <input type="checkbox"/> GAS PRESSURE REGULATOR		ADDITIONAL PLAN CHECK ITEMS: <input type="checkbox"/> 1.5" - 2" WATER LINE () SIZE <input type="checkbox"/> 2.5" - 4" WATER LINE () SIZE <input type="checkbox"/> 5" WATER LINE () SIZE <input type="checkbox"/> HANDICAP FIXTURES <input type="checkbox"/> INDUSTRIAL WASTE <input type="checkbox"/> WET STANDPIPE <input type="checkbox"/> MED PRESSURE GAS SYSTEM <input type="checkbox"/> SUMP PUMP <input type="checkbox"/> COMBO WASTE/VENT <input type="checkbox"/> VENT SYSTEM <input type="checkbox"/> MINIMUM HOSPITAL P/C	
*TOTAL FIXTURES		BATHTUBS		SHOWERS		LAVATORY	
<input type="checkbox"/> TOILETS		<input type="checkbox"/> GARBAGE DISPOSER		<input type="checkbox"/> DISHWASHER		<input type="checkbox"/> LAUNDRY TRAY	
<input type="checkbox"/> SINKS		<input type="checkbox"/> AUTOMATIC WASHER		<input type="checkbox"/> DRINKING FOUNTAINS		<input type="checkbox"/> URINAL	
<input type="checkbox"/> WATER HEATER		<input type="checkbox"/> FLOOR DRAIN		<input type="checkbox"/> FLOOR SINK			
12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		UPC 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	
\$							
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.						ISSUED BY (INITIALS)	
SIGNATURE:				DATE: / /			
FOR DEPARTMENT USE ONLY							
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED <input type="checkbox"/> INT
							PLANNING STAMP REQUIRED <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.	
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							