



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

Internet Permitting Request Application

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY

1. COMPANY NAME		DATE	
2. MAILING ADDRESS			
3. CITY	ZIP	PHONE	FAX
4. CONTRACTOR'S FULL NAME		EMAIL ADDRESS	
5. STATE LICENSE # AND TYPE	EXP:	LONG BEACH BUSINESS LICENSE #	EXP.

The following employees have my permission to use the credit card on file to obtain permits in the name of the company:

Employee's Name	Employee's Signature

I understand that by signing this document I am authorizing the City of Long Beach to charge the credit card on file to obtain permits in the name of the above referenced company and that such authorization will remain in effect until I cancel it in writing or upon the expiration of the credit card on file. I further agree to notify the City of Long Beach in writing of any changes to my account information or termination of this authorization. I hereby certify that the information on this application is true and correct.

Signature _____ Date _____
CONTRACTOR

FOR DEPARTMENT USE ONLY

Document Verification:	<i>Verified By (Initials)</i>	PIN # ASSIGNED:
<input type="checkbox"/> Application form completed and signed. <input type="checkbox"/> Declaration page completed and signed. <input type="checkbox"/> Current copy of driver license attached. <input type="checkbox"/> Copy of credit/debit card (Master Card or Visa) attached. <input type="checkbox"/> Verification of Contractor's current State Contractor's License. <input type="checkbox"/> Verification of Contractor's current Long Beach Business License. <input type="checkbox"/> Verification of Contractor's current Worker's Compensation insurance (if required)		