



City of Long Beach
 333 West Ocean Blvd., 4th Floor
 Long Beach, CA 90802
 Phone: (562) 570-5237 Fax: (562) 570-6753

Development Services Permit Application

General Information			PROJECT NUMBER		<i>Authorization</i>	
					<i>Plan Check</i>	<i>Permit Tech</i>
PROJECT ADDRESS (NOT MAILING ADDRESS)			PROJECT NAME (IF ANY)			
LEGAL DESCRIPTION (i.e. Lot, Block, Tract, APN, etc.)						
DOING BUSINESS AS (DBA)			SUBMITTAL DATE			
APPLICANT LAST NAME, FIRST NAME			<input type="checkbox"/> OWNER		<input type="checkbox"/> DESIGN PROFESSIONAL	
			<input type="checkbox"/> AGENT FOR	<input type="checkbox"/> LESSEE/TENANT	<input type="checkbox"/> CONTRACTOR	
APPLICANT MAILING ADDRESS			EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX
1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			<input type="checkbox"/> ARCHITECT		<input type="checkbox"/> CIVIL	
			<input type="checkbox"/> STRUCTURAL		<input type="checkbox"/> OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX
2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			<input type="checkbox"/> ARCHITECT		<input type="checkbox"/> CIVIL	
			<input type="checkbox"/> STRUCTURAL		<input type="checkbox"/> OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX
PROPERTY OWNER LAST NAME, FIRST NAME						
PROPERTY OWNER MAILING ADDRESS			EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX
DESCRIPTION OF WORK						

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

SIGNATURE	DATE
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This information is available in an alternative format by request to (562) 570-3807. For an electronic version of this document visit our website at <http://www.lbds.info>.

FOR DEPARTMENT USE ONLY

ZONE		HISTORIC APPROVAL REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATED PLANNING CASE NO.		
SPECIAL SETBACKS <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNING FEES REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		COASTAL FEE (CPCE) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		
SETBACKS			PLANNING REVIEW (PLAN CHECK) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNING ENTITLEMENTS <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETED <input type="checkbox"/> NOT REQUIRED	
F	S	R				
CF TO PL			PLANNING APPROVAL & DATE		SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR	

Planning

SUBMITTAL TYPE		PLANNING PROJECT NUMBER	
<input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR			
✓	ITEM	✓	ITEM
	ADMINISTRATIVE USE PERMIT (AUP)		SUBDIVISION MAP
	CONDITIONAL USE PERMIT (CUP)		LOT MERGER/LOT LINE ADJUSTMENT
	STANDARDS VARIANCE (SV)		CERTIFICATE OF COMPLIANCE
	FENCE HEIGHT EXCEPTION (AUP or SV)		CONDOMINIUM CONVERSION
	MODIFICATION OF APPROVED PERMIT		ZONING CHANGE AND/OR AMENDMENT
	TIME EXTENSION		LOCAL COASTAL PROGRAM AMENDMENT
	LOCAL COASTAL DEVELOPMENT PERMIT		GENERAL PLAN AMENDMENT
	CONDO CONVERSION EXCLUSION # OF UNITS _____		GENERAL PLAN CONFORMITY FINDING
			<input type="checkbox"/> CONCEPTUAL ONLY <input type="checkbox"/> PRE-APPLICATION ONLY <input type="checkbox"/> WIRELESS TELECOM CREATIVE SIGN PERMIT SIGN PROGRAM OTHER _____

Sign

SUBMITTAL TYPE		SIGN PROJECT NUMBER	
<input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR			
CONTRACTOR LAST NAME, FIRST NAME		STATE LICENSE NO. & TYPE	EXP. DATE
CONTRACTOR MAILING ADDRESS		CONTRACTOR EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE
			FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS
			CITY PIN
ELECTRICAL* YES / NO	SIGN TYPE	VALUE	SQUARE FEET
OVERALL HEIGHT ABOVE GRADE			
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL VALUATION OF ALL SIGNS:			
FOR DEPARTMENT USE ONLY			
<input type="checkbox"/> N = NEW <input type="checkbox"/> E = EXISTING <input type="checkbox"/> D = DEMOLISH/REMOVE <input type="checkbox"/> A = ADD/EXPAND			
PLANNING APPROVAL BY		PLAN STAMPED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

*If signs require electrical hook-up, an electrical permit will also be required.

Building

SUBMITTAL TYPE			
<input type="checkbox"/> REGULAR	<input type="checkbox"/> EXPRESS	<input type="checkbox"/> OTC	<input type="checkbox"/> NR

BUILDING PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN
PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)					
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY					
TYPE OF CONSTRUCTION		PRESENT USE/OCCUPANCY		PROPOSED USE/OCCUPANCY	
# DWELLING UNITS	# OF STORIES		BUILDING HEIGHT		CBC EDITION USED
FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO		SMOKE CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL SQUARE FEET OF THIS PROJECT (NEW OR ADDED SQ. FEET)					
NON-RESIDENTIAL _____			RESIDENTIAL _____		
GRADING PERMIT (IN CUBIC YARDS)					
CUT: _____		FILL: _____		EXPORT: _____ IMPORT: _____	
VALUATION COVERED BY APPLICATION					
\$ _____					

Fire

SUBMITTAL TYPE			
<input type="checkbox"/> REGULAR	<input type="checkbox"/> EXPRESS	<input type="checkbox"/> OTC	<input type="checkbox"/> NR

FIRE PROJECT NUMBER

Same as Building Project Number

CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN
QTY	ITEM		QTY	ITEM	
	FIRE ALARM VALUATION: \$ _____			FIRE ALARM SYSTEM DEVICES	
	FIRE ACCESS			UNDERGROUND STORAGE TANK	
	UNDERGROUND FIRE LINE			UNDERGROUND STORAGE TANK PIPING (FT)	
	SPRINKLERS RISERS			VAPOR RECOVERY SYSTEM	
	SPRINKLER HEADS			ABOVEGROUND STORAGE	
	STANDPIPE SYSTEM HOSE VALVES			ABOVEGROUND STORAGE TANK PIPING (FT)	
	SPECIAL FIRE EXT. SYSTEM NOZZLES			OTHER _____	

Health

SUBMITTAL TYPE

REGULAR EXPRESS OTC NR

HEALTH PROJECT NUMBER

Same as Building Project Number

CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN
FOOD FACILITY					
✓	ITEM		✓	ITEM	
	RESTAURANT # OF SEATS _____			FOOD MRKT RETAIL (SQ. FT.)	
	SCHOOL CAFETERIA			CATERER	
	SATELLITE FACILITY/KIOSK			MENU CHANGE/EQUIPMENT	
	CONSULTATION			WAREHOUSE/COMMISSARY	
	FOOD VEHICLE/FOOD CART			SALVAGER	
	BED & BREAKFAST			GREASE TRAP	
				OTHER _____	
WATER SYSTEMS BACKFLOW					
	FOOD FACILITY			POOL & SPA	
				OTHER _____	
POOL & SPA					
	BACKFLOW DEVICE			NEW POOL/SPA	
				REMODEL/REPLASTER POOL/SPA	
BODY ART					
	TATTOO SHOP			OTHER _____	

Electrical

SUBMITTAL TYPE

REGULAR EXPRESS OTC NR

ELEC PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)

NEW CONSTRUCTION ALTERATION/REMODEL/TENANT IMPROVEMENT ADDITION CHANGE OF USE/OCCUPANCY

TYPE OF CONSTRUCTION		PRESENT USE/OCCUPANCY		PROPOSED USE/OCCUPANCY	
# DWELLING UNITS	# OF STORIES	BUILDING HEIGHT		CEC EDITION USED	

VALUATION COVERED BY APPLICATION

\$

QTY	SERVICE	QTY	MOTORS, GENERATORS, TRANSFORMERS & OTHER APPARATUS	QTY	BUSWAYS, POWER DUCTS
	≤ 600 V SERVICE ≤ 200 AMPS		< 1 HP, KW, KVA		FEET OF BUSWAY ≤ 99 AMP
	≤ 600 V SERVICE 201 – 400 AMP		1-10 HP, KW, KVA		FEET OF BUSWAY 100-400 AMP
	≤ 600 V SERVICE 401 – 1000 AMP		11-50 HP, KW, KVA		FEET OF BUSWAY > 400 AMP
	≤ 600 V SERVICE > 1000 AMP		51-100 HP, KW, KVA		SIGNS (NEW OR ALTERATION) 1 ST SIGN AND SIGN CIRCUIT
	> 600 V SERVICE		> 100 HP, KW, KVA		ADDITIONAL SIGN CIRCUIT(S)
	1 ST SB OR MCC ≤ 600 V		NEW RESIDENTIAL SQ. FOOTAGE OF FLOOR AREA		ADDITIONAL SIGN(S)
	1 ST SB OR MCC > 600 V		OUTLETS AND FIXTURES NUMBER OF OUTLETS/OPENINGS		TEMPORARY POLE WITH PANEL (EXCLUDING SERVICE)
	ADDITIONAL METERS		# BUILDING LIGHTING FIXTURES		1ST OUTLETS ≤ 50
	ADDITIONAL SB OR MCC ≤ 600 V		MULTI-OUTLET/FIXTURE ASSEMBLIES (EACH 5' OR PORTION THEREOF)		TEMPORARY OUTLETS > 50
	ADDITIONAL SB OR MCC > 600 V		SPECIAL OUTLETS (INDIV CIRCUITS) 15-30 AMP		PHOTOVOLTAIC SYSTEMS RESIDENTIAL KILOWATTS
	PANELS (SUBPANELS AND/OR CONTROL PANELS)		31-50 AMP		COMMERCIAL KILOWATTS
	# OUTSIDE/PARKING LIGHTING STANDARDS		51-100 AMP		
			> 100 AMP		OTHER _____

FOR OFFICE USE ONLY

# SQ FT FOR TITLE 24 REVIEW				
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Mechanical

SUBMITTAL TYPE

REGULAR EXPRESS OTC NR

MECH PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN
PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)					
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY					
TYPE OF CONSTRUCTION		PRESENT USE/OCCUPANCY		PROPOSED USE/OCCUPANCY	
# DWELLING UNITS	# OF STORIES		BUILDING HEIGHT		CMC EDITION USED
QTY	ITEM	QTY	ITEM	QTY	ITEM
	HEATING APPLIANCE		WOOD BURNING APPLIANCE		APPLIANCE/CHIMNEY/VENT
	AIR INLET/OUTLET		SMOKE/FIRE DAMPER		SMOKE DETECTOR
	AIR COND COMP ≤ 25 HP		AIR COND COMP 26-50 HP		AIR COND COMP > 50 HP
	GAS/STEAM FIRED AIR COND UNIT		EVAPORATIVE COOLER OR MAKE UP AIR UNIT		FAN COIL/AIR HANDLER*
	COMMERCIAL HOOD		COMMERCIAL COOKING DUCT		PRODUCT CONVEY VENT**
	COOLING TOWER		BATH/KITCHEN/DRYER DUCT		PIPING SYSTEM
	REFRIGERATION COMP ≤ 25 HP		REFRIGERATION COMP 26-50 HP		REFRIGERATION COMP > 50 HP
	ABSORPTION UNIT		BOILER < 1,000K BTU		BOILER ≥ 1,000K BTU
	ALTER/ADD SYSTEM		TITLE 24 ENERGY REVIEW		OTHER _____
FOR OFFICE USE ONLY					
	# SQ FT FOR TITLE 24 REVIEW				

*Requires 1 Piping System & Air Handler **Commercial/Industrial/Garage Exhaust

Note: Vav Box Is No Charge

Plumbing

SUBMITTAL TYPE

REGULAR EXPRESS OTC NR

PLMB PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont			STATE LICENSE NO. & TYPE			EXP. DATE	
CONTRACTOR MAILING ADDRESS				CONTRACTOR EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX	
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE		TYPE OF BUSINESS		CITY PIN	
PROJECT SCOPE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY							
TYPE OF CONSTRUCTION			PRESENT USE/OCCUPANCY			PROPOSED USE/OCCUPANCY	
# DWELLING UNITS		# OF STORIES		BUILDING HEIGHT		CPC EDITION USED	
QTY	ITEM	QTY	ITEM	QTY	ITEM	QTY	ITEM
	TOILETS		BACKFLOW < 2"		GAS, DRAIN, VENT ALTER/REPAIR		1.5" – 2" WATER LINE
	SINKS		BACKFLOW > 2"		GAS METER RELOCATION		2.5" – 4" WATER LINE
	BATHTUB		BACKWATER VALVE		GAS PRESSURE REGULATOR		≥ 5" WATER LINE
	GARBAGE DISPOSER		FIRE HOSE OULET		GAS SYSTEM		DISABLED ACCESS FIXTURES
	AUTOMATIC WASHER		HOSE BIBBS		MED/HIGH GAS METER		INDUSTRIAL WASTE
	FLOOR DRAIN		ON LOT SEWER		REPIPE GAS/WATER FIXTURE		WET STANDPIPE
	SHOWER		SPRINKER (ANTISIPHON VALVE)		REPIPE WATER SERVICE ONLY		MED PRESSURE GAS SYSTEM
	DISHWASHER		SUMP PUMP		AREA DRAIN		COMBO WASTE/VENT
	DRINKING FOUNTAIN		TRAP PRIMERS		ROOF DRAIN		2" FUEL GAS PIPING SYSTEM
	FLOOR SINK		VACUUM BREAKERS		PLANTER DRAIN		2.5" – 4" FUEL GAS PIPING SYSTEM
	LAVATORY		WATER HEATER		GREASE INTERCEPTOR		≥ 5" FUEL GAS PIPING SYSTEM
	LAUNDRY TRAY		WATER PRESSURE REGULATOR		SAND INTERCEPTOR		MISC. FIXTURES
	URINAL		TITLE 24 ENERGY REVIEW		OTHER INTERCEPTOR		OTHER _____