



**City of Long Beach**  
**Department of Development Services**  
 333 West Ocean Blvd., 4<sup>th</sup> Floor  
 Long Beach, CA 90802  
 Phone: (562) 570-5237 Fax: (562) 570-6753  
 Website: www.lbds.info

## Predevelopment Meeting Request

**PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY.** Completed application forms may be submitted in person at 333 West Ocean Boulevard, 4<sup>th</sup> Floor, Long Beach, CA 90802, via email to [Truong.Huynh@longbeach.gov](mailto:Truong.Huynh@longbeach.gov), or fax to (562) 570-6205. For additional information, please refer to Information Bulletin BU-043 / Predevelopment Meeting.

### A. APPLICANT INFORMATION

First Name:		Last Name:		Date:
Relationship to Project:	<input type="checkbox"/> Agent for:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	Phone No.:
	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Other:	
Email Address:				Fax No.:
Referred by (please check applicable box) <span style="float: right;">*Provide Name</span>				
<input type="checkbox"/> Walk-in	<input type="checkbox"/> City Staff*	<input type="checkbox"/> Council Office*	<input type="checkbox"/> City Manager's Office*	

### B. PROJECT INFORMATION

Project Address (not mailing address):			Project Name (if any):			
Project Valuation:	Type of Construction:	Occupancy:	# of Stories:	# of Basements:	Building Height:	# of Units:
Residential Floor Area (New or Add'l Square Footage):			Non-Residential Floor Area (New or Add'l Square Footage):			

Project Description (e.g., change of use, legalized units, tenant improvement, new construction, single family residence addition, etc.):

### C. QUESTIONNAIRE

**Please provide additional information regarding your project by answering ALL of the following questions. Detailed and specific information will help us better understand your project and determine the most suitable service available.**

1. Please check the appropriate Project Type (check all that applies):		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration/Repair
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Change of Use	
2. Please check the appropriate Proposed Use for your project (check all that applies):		
<input type="checkbox"/> SFD/Duplex	<input type="checkbox"/> Commercial (office/retail/etc)	<input type="checkbox"/> Hotel
<input type="checkbox"/> Apartment/Condominium	<input type="checkbox"/> Commercial High-rise	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Residential High-rise	<input type="checkbox"/> Industrial/Manufacture	<input type="checkbox"/> Adaptive Reuse
<input type="checkbox"/> Affordable/Senior Housing	<input type="checkbox"/> Mixed Use (res/comm/etc)	
<input type="checkbox"/> Other:		
3. Anticipated Plan Submittal Date:	Anticipated Permit Issuance Date:	Anticipated Building Final/Occupancy Date:

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

4.	a) Have you prepared working drawings/plans for this project?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	b) Have you submitted your project for any Planning Entitlement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Name of Planner:
	c) Have you submitted your project for Plan Check?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Project #:
	d) Has your project been cited by Code Enforcement or Fire Prevention?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If Yes, please describe below in Section 5.)	

5. Do you have specific questions for any of the following disciplines?  
 Please check all that applies and we will attempt to include the appropriate City staff based on the boxes checked below. Meetings may be held separately.

<input type="checkbox"/> Zoning Code	<input type="checkbox"/> Building Code	<input type="checkbox"/> Electrical Code	<input type="checkbox"/> Mechanical Code
<input type="checkbox"/> Plumbing Code	<input type="checkbox"/> Fire Code	<input type="checkbox"/> Food Facility or Pool	<input type="checkbox"/> Utilities (i.e., water, gas, sewer)
<input type="checkbox"/> Public Right-of-Way	<input type="checkbox"/> Other		

Please provide a detailed list of questions or assistance needed. Attach separate sheet if additional space is needed.

e.g.,

- *Building Code Questions: (i.e., occupancy classification, allowable floor area, ADA requirement, exiting layout, allowable height, type of construction, allowable No. of stories, fire sprinkler, fire alarm, smoke evacuation, etc.).*
- *Zoning Code Questions: (i.e., allowable use, conditional use permit, allowable height, floor area ratio, open space, yard setbacks, density, open space, parking requirement and layout, subdivision, etc.*

<b>DEPARTMENT USE ONLY</b>				
<input type="checkbox"/> Earthquake Zone	<input type="checkbox"/> Oil Operating Area	<input type="checkbox"/> High Wind Area	<input type="checkbox"/> Liquefaction Area	<input type="checkbox"/> Flood Hazard Zone