



# CITY OF LONG BEACH

DEPARTMENT OF DEVELOPMENT SERVICES

100 W. BROADWAY SUITE 400

LONG BEACH, CALIFORNIA 90802

(562)570-2633

FAX (562)570-6034

GARAGE RESALE PROGRAM

## APPLICATION FOR INSPECTION OF REQUIRED OFF-STREET PARKING

Pursuant to Section 18.62 of the Long Beach Municipal Code, the undersigned hereby requests an inspection and a report of the below-described property for compliance with off-street parking requirements. The purpose of this inspection and report is to establish the legally required off-street parking spaces and a statement as to its availability or lack of availability. The inspection and report shall specifically identify any off-street parking spaces which should be used for vehicle parking but are not available for such use because of illegal conversion to another use, or any physical condition which prohibits the use of such spaces for normal parking of an automobile.

Any unlawful condition relating to the use and maintenance of the required off-street parking spaces will be cited by the inspector. Such condition(s) shall be brought into compliance within ninety (90) days of such citation, or within sixty (60) days of the close of escrow, whichever comes first.

The report of the availability of legally required off-street parking prepared as a result of this inspection shall be delivered by the owner or the authorized designated representative of the owner to the buyer or transferee of the residential building prior to the consummation of the sale or exchange.

### IMPORTANT

**THE BUYER OR TRANSFEREE SHALL EXECUTE A RECEIPT AS FURNISHED BY THE CITY OF LONG BEACH AND SAID RECEIPT SHALL BE DELIVERED TO THE DEPARTMENT OF DEVELOPMENT SERVICES AS EVIDENCE OF COMPLIANCE WITH THE PROVISIONS OF SECTION 18.62 OF THE LONG BEACH MUNICIPAL CODE.**

Address of Property: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Bldg. Use: \_\_\_\_\_  
(SFD / APT / CONDO / etc.)

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) / (State) / (Zip)

Applicant's Name: \_\_\_\_\_ Date \_\_\_\_\_  
(If different from Owner)

Applicant's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) / (State) / (Zip) Fax: \_\_\_\_\_

Note: The owner or applicant should be aware and understand that any violations determined during this inspection will require corrections regardless of a change of ownership.

I certify that I have read this application and state that the above information is correct. I agree with the above requirements and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. Further, I acknowledge that I am obligated to pay the full fee required prior to the inspection being performed regardless of the outcome of this transaction.

Owner or Listing Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Circle one) (Signature)

Escrow Company and Agent: \_\_\_\_\_ Escrow No: \_\_\_\_\_

MAIL REPORT TO: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street, City, Zip)

E-MAIL ADDRESS: \_\_\_\_\_