



# Development Permit Application

Department of Development Services | Building & Safety Bureau  
 411 W. Ocean Blvd., 2<sup>nd</sup> Floor, Long Beach, CA 90802  
 (562) 570-7648    longbeach.gov/lbds

<b>General Information</b>			<b>PROJECT NUMBER</b>		<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	
<b>DESCRIPTION OF WORK</b>						

*(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	PRINT NAME	DATE
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This information is available in an alternative format by request to (562) 570-7648. For an electronic version of this document visit our website at [longbeach.gov/lbds](http://longbeach.gov/lbds).

# Building

**SUBMITTAL TYPE** REGULAR  EXPEDITED  OTC  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		
VALUATION COVERED BY APPLICATION \$		<b>OFFICE USE ONLY</b>					
<b>SQUARE FOOTAGE OF PROJECT:</b>		<b>RESIDENTIAL</b>			<b>NON-RESIDENTIAL</b>		
		Remodel/ Additions	New Construction	Demolition/ Removal	Remodel/ Additions	New Construction	Demolition/ Removal
Existing: _____							
New/Add/Remodel: _____							
Demolition/Removal: _____							
GRADING PERMIT (IN CUBIC YARDS) CUT: _____ FILL: _____ EXPORT: _____ IMPORT: _____							

# Fire

**SUBMITTAL TYPE** REGULAR  EXPEDITED  OTC  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	
<b>QTY</b>	<b>ITEM</b>		<b>QTY</b>	<b>ITEM</b>		
	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  EXPEDITED  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
<b>FOOD FACILITY</b>					
<input type="checkbox"/>	ITEM	<input type="checkbox"/>	ITEM	<input type="checkbox"/>	ITEM
	RESTAURANT # OF SEATS _____		BED & BREAKFAST		GREASE TRAP
	SCHOOL CAFETERIA		FOOD MRKT RETAIL (SQ. FT.)		FOOD PROCESSOR (SQ. FT.)
	SATELLITE FACILITY/KIOSK		CATERER		
	CONSULTATION		MENU CHANGE/EQUIPMENT		
	FOOD VEHICLE		WAREHOUSE/COMMISSARY		
	FOOD CART		SALVAGER		OTHER _____
<b>BACKFLOW</b>					
	FOOD FACILITY		POOL & SPA		OTHER _____
<b>WATER SYSTEMS</b>					
	CROSS CONNECTIONS / RECYCLED WATER		NEW POOL		REMODEL/REPLASTER – POOL
	LOW IMPACT DEV SYSTEM WITH ONSITE WTR REUSE		NEW SPA		REMODEL/REPLASTER – SPA
	LOW IMPACT DEV SYSTEM WITHOUT ONSITE WTR REUSE		SEWAGE DISPOSAL SYSTEM		MINOR REMODEL / EQUIP CHANGE – POOL
					MINOR REMODEL / EQUIP CHANGE – SPA
<b>BODY ART</b>					
	TATTOO SHOP				OTHER _____

# Electrical

## SUBMITTAL TYPE

 REGULAR  EXPEDITED  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) <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		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	<b>QTY</b>	<b>SIGNS (NEW OR ALTERATION)</b>		
	> 600 V SERVICE		> 100 HP, KW, KVA		1 <sup>ST</sup> SIGN AND SIGN CIRCUIT		
	1 <sup>ST</sup> SB OR MCC ≤ 600 V		NEW RESIDENTIAL SQ. FOOTAGE OF FLOOR AREA		ADDITIONAL SIGN(S)		
	1 <sup>ST</sup> SB OR MCC > 600 V	<b>QTY</b>	<b>OUTLETS AND FIXTURES</b>		TEMPORARY POLE WITH PANEL (EXCLUDING SERVICE)		
			NUMBER OF OUTLETS/OPENINGS				
	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	<b>QTY</b>	<b>SPEC OUTLETS (INDIV CIRCUITS)</b>		<b>QTY</b>	<b>PHOTOVOLTAIC SYSTEMS</b>	
			15-30 AMP			RESIDENTIAL KILOWATTS	
	PANELS (SUBPANELS AND/OR CONTROL PANELS)		31-50 AMP / EVC*		COMMERCIAL KILOWATTS		
	# OUTSIDE/PARKING LIGHTING STANDARDS		51-100 AMP				
			> 100 AMP				
<b>FOR OFFICE USE ONLY</b>							
	# SQ FT FOR TITLE 24 REVIEW						

\* EVC – Electric Vehicle Charger / Application qualifies for expedited installation services.

# Mechanical

## SUBMITTAL TYPE

REGULAR  EXPEDITED  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 _____
<b>FOR OFFICE USE ONLY</b>					
	# 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  EXPEDITED  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 _____
	FIXTURE CHANGE OUT						

# Landscape & Irrigation

## SUBMITTAL TYPE

REGULAR  EXPEDITED  OTC  NR

## PLMB 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"/> RESIDENTIAL		<input type="checkbox"/> NON-RESIDENTIAL		<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> REHABILITATION
TOTAL LANDSCAPE AREA SQ FT	SPECIAL LANDSCAPE AREA SQ FT		TURF AREA SQ FT		NON-TURF PLAN AREA SQ FT	
WATER TYPE:						
<input type="checkbox"/> LONG BEACH WATER			<input type="checkbox"/> OTHER: _____			
WATER TYPE:			COMPLIANCE METHOD			
<input type="checkbox"/> POTABLE		<input type="checkbox"/> RECYCLED		<input type="checkbox"/> PERFORMANCE		<input type="checkbox"/> PRESCRIPTIVE
<input type="checkbox"/> WELL		<input type="checkbox"/> OTHER				
<input checked="" type="checkbox"/>	<b>ITEM</b>	<input checked="" type="checkbox"/>	<b>ITEM</b>	<input checked="" type="checkbox"/>	<b>ITEM</b>	<input checked="" type="checkbox"/>
	RESIDENTIAL PLAN CHECK		RESIDENTIAL INSPECTION		NON-RESIDENTIAL PLAN CHECK	
						NON-RESIDENTIAL INSPECTION

**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 (Not ready for Plan Check Submittal) <input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT REQUIRED	
F	S				
CF TO PL	ZONING CLEARANCE (INIT) & DATE	PLANNING APPR (INIT) & DATE		SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR	

**Planning**

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

**Sign**

		SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> OTC <input type="checkbox"/> NR		SIGN 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
<b>ELECTRICAL* YES / NO</b>	<b>SIGN TYPE</b>	<b>VALUE</b>	<b>SQUARE FEET</b>	<b>OVERALL HEIGHT ABOVE GRADE</b>	
1					
2					
3					
4					
5					
6					
7					
8					
<b>TOTAL VALUATION OF ALL SIGNS:</b>					
<b>FOR DEPARTMENT USE ONLY</b>					
<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.