CITY OF LONG BEACH

Community Development Department
Building and Safety Bureau
411 W. Ocean Boulevard, 2nd Floor, Long Beach, CA 90802
562.570.PMIT (7648) | longbeach.gov/lbcd

Development Permit Application

General Information			PROJECT NUMBER	Authorization	
			BNEW326766	Plan Check: BLDG	Permit Tech: BLDG
PROJECT ADDRESS (NOT MAILING ADDRESS) 12345 LONG BEACH BLVD, LONG BEACH, CA 90802			PROJECT NAME (IF ANY)		
LEGAL DESCRIPTION (i.e. Lot, Block, Tract, APN, etc.)					
DOING BUSINESS AS (DBA)			SUBMITTAL DATE		
APPLICANT LAST NAME, FIRST NAME LAST NAME, FIRST NAME			[X] OWNER [ ] DESIGN PROFESSIONAL [ ] AGENT FOR [ ] LESSEE/TENANT [ ] CONTRACTOR		
APPLICANT MAILING ADDRESS 12345 LONG BEACH BLVD			EMAIL ADDRESS FIRSTNAME.LASTNAME@YAHOO.COM		
CITY LONG BEACH	STATE CA	ZIP 90802	PHONE 555-555-5555	FAX	
1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME LAST NAME, FIRST NAME			[X] ARCHITECT [ ] CIVIL [ ] STRUCTURAL [ ] OTHER		
DESIGN PROFESSIONAL MAILING ADDRESS 111 CINNAMON TEAL			DESIGN PROFESSIONAL EMAIL ADDRESS FIRSTNAME-LASTNAME@GMAILDESIGN.COM		
CITY LOS ANGELES	STATE CA	ZIP 90172	PHONE 555-555-5555	FAX	
2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			[ ] ARCHITECT [ ] CIVIL [ ] STRUCTURAL [ ] OTHER		
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE 555-555-5555	FAX	
PROPERTY OWNER LAST NAME, FIRST NAME LAST NAME, FIRST NAME					
PROPERTY OWNER MAILING ADDRESS 12345 LONG BEACH BLVD, LONG BEACH, CA 90802			EMAIL ADDRESS FIRSTNAME.LASTNAME@YAHOO.COM		
CITY	STATE	ZIP	PHONE 555-555-5555	FAX	

SAMPLE

DESCRIPTION OF WORK

Build (N) (3) Units. One Unit (634 SF), 2nd Unit (686 SF), & 3rd Unit (690 SF). Each with (2) bedrooms and (1) bathroom for (2,010 SF) in multifamily dwelling building. (Fire Sprinkler and MEP under separate permits).

For residential projects only, will the proposed work result in the displacement of any tenant? Yes [ ] No [■]

(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

Building

SUBMITTAL TYPE	BUILDING PROJECT NUMBER
☐ REGULAR ☐ EXPEDITED ☐ OTC ☐ NR	

CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE	EXP. DATE
TBD				
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
VB	MULTIFAMILY	MULTIFAMILY

# DWELLING UNITS	# OF STORIES	BUILDING HEIGHT	CBC EDITION USED
120	3		2022

FIRE SPRINKLERS	FIRE ALARM	FIRE STANDPIPES	SMOKE CONTROL
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

VALUATION COVERED BY APPLICATION
$ 1,500,000

OFFICE USE ONLY

SQUARE FOOTAGE OF PROJECT	RESIDENTIAL			NON-RESIDENTIAL		
	Remodel/ Additions	New Construction	Demolition/ Removal	Remodel/ Additions	New Construction	Demolition/ Removal
Existing:						
New/Add/Remodel: 2010						
Demolition/Removal:						

GRADING PERMIT (IN CUBIC YARDS)

CUT:_____ FILL:_____ EXPORT:_____ IMPORT:_____

SAMPLE

Fire N/A

SUBMITTAL TYPE	FIRE PROJECT NUMBER
☐ REGULAR ☐ EXPEDITED ☐ OTC ☐ NR	☐ 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

N/A

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

FOOD FACILITY

✓	ITEM	✓	ITEM	✓	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 _____

BACKFLOW

	FOOD FACILITY		POOL & SPA		OTHER_____

WATER SYSTEMS

	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

BODY ART

	TATTOO SHOP				OTHER _____

SAMPLE

Electrical

SUBMITTAL TYPE	ELEC PROJECT NUMBER
☐ REGULAR ☐ EXPEDITED ☐ OTC ☐ NR	

CONTRACTOR LAST NAME, FIRST NAME Δ 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
$ 1,500,000

QTY	SERVICE	QTY	MOTORS, GENERATORS, TRANSFORMERS & OTHER APPARATUS	QTY	BUSWAYS, POWER DUCTS
2	≤ 600 V SERVICE ≤ 200 AMP		< 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	QTY	SIGNS (NEW OR ALTERATION)
					1ST SIGN AND SIGN CIRCUIT
	> 600 V SERVICE		> 100 HP, KW, KVA		ADDITIONAL SIGN CIRCUIT(S)
	1ST SB OR MCC ≤ 600 V		NEW RESIDENTIAL SQ. FOOTAGE OF FLOOR AREA		ADDITIONAL SIGN(S)
	1ST SB OR MCC > 600 V	QTY	OUTLETS AND FIXTURES		TEMPORARY POLE WITH PANEL (EXCLUDING SERVICE)
		30	NUMBER OF OUTLETS/OPENINGS		
	ADDITIONAL METERS	50	# 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	QTY	SPEC OUTLETS (INDIV CIRCUITS)	QTY	PHOTOVOLTAIC SYSTEMS
			15-30 AMP		RESIDENTIAL KILOWATTS
3	PANELS (SUBPANELS AND/OR CONTROL PANELS)		31-50 AMP / EVC*		COMMERCIAL KILOWATTS
	# OUTSIDE/PARKING LIGHTING STANDARDS		51-100 AMP		
			> 100 AMP		
FOR OFFICE USE ONLY					
	# SQ FT FOR TITLE 24 REVIEW				

SAMPLE

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

Mechanical

SUBMITTAL TYPE	MECH PROJECT NUMBER
☐ REGULAR ☐ EXPEDITED ☐ OTC ☐ NR	

CONTRACTOR LAST NAME, FIRST NAME Δ 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	CMC EDITION USED

QTY	ITEM	QTY	ITEM	QTY	ITEM
3	HEATING APPLIANCE		WOOD BURNING APPLIANCE	3	APPLIANCE/CHIMNEY/VENT
3	AIR INLET/OUTLET		SMOKE/FIRE DAMPER	16	SMOKE DETECTOR
3	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	18	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

SAMPLE

Plumbing

SUBMITTAL TYPE	PLMB PROJECT NUMBER
☐ REGULAR ☐ EXPEDITED ☐ OTC ☐ NR	

CONTRACTOR LAST NAME, FIRST NAME Δ 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	CPC EDITION USED
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QTY	ITEM	QTY	ITEM	QTY	ITEM	QTY	ITEM
3	TOILETS		BACKFLOW < 2"		GAS, DRAIN, VENT ALTER/REPAIR	20	1.5" – 2" WATER LINE
12	SINKS		BACKFLOW > 2"		GAS METER RELOCATION		2.5" – 4" WATER LINE
3	BATHTUB		BACKWATER VALVE		GAS PRESSURE REGULATOR		≥ 5" WATER LINE
3	GARBAGE DISPOSER		FIRE HOSE VALVE		GAS SYSTEM		DISABLED ACCESS FIXTURES
3	AUTOMATIC WASHER		HOSE BIBBS		MED/HIGH GAS METER		INDUSTRIAL WASTE
	FLOOR DRAIN		ON LOT SEWER	3	REPIPE GAS/WATER FIXTURE		WET STANDPIPE
	SHOWER		SPRINKER (ANTISIPHON VALVE)		REPIPE WATER SERVICE ONLY		MED PRESSURE GAS SYSTEM
3	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	3	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						

SAMPLE

Landscape & Irrigation

SUBMITTAL TYPE	PLMB PROJECT NUMBER
☐ REGULAR ☐ EXPEDITED ☐ OTC ☐ 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

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)

☐ RESIDENTIAL ☐ NON-RESIDENTIAL ☐ NEW INSTALLATION ☐ REHABILITAITON

TOTAL LANDSCAPE AREA SQ FT	SPECIAL LANDSCAPE AREA SQ FT	TURF AREA SQ FT	NON-TURF PLAN AREA SQ FT

WATER TYPE:

☐ L NG BEACH WATER ☐ OTHER:_____

WATER TYPE:

☐ POTABLE ☐ RECYCLED

☐ WELL ☐ OTHER_____

COMPLIANCE METHOD

☐ PERFORMANCE ☐ PRESCRIPTIVE

✓	ITEM	✓	ITEM	✓	ITEM	✓	ITEM
	RESIDENTIAL PLAN CHECK		RESIDENTIAL INSPECTION		NON-RESIDENTIAL PLAN CHECK		NON-RESIDENTIAL INSPECTION

SAMPLE

FOR DEPARTMENT USE ONLY		
ZONE	HISTORIC APPROVAL REQ'D ☐ YES ☐ NO	RELATED PLANNING CASE NO.
SPECIAL SETBACKS ☐ YES ☐ NO	PLANNING FEES REQ'D ☐ YES ☐ NO	COASTAL FEE (CPCE) REQ'D ☐ YES ☐ NO
SETBACKS F / S / R	PLANNING REVIEW (PLAN CHECK) REQ'D ☐ YES ☐ NO	PLANNING ENTITLEMENTS ☐ INCOMPLETE (Not ready for Plan Check Submittal) ☐ COMPLETE ☐ NOT REQUIRED
CF TO PL / ZONING CLEARANCE (INIT) & DATE / PLANNING APPR (INIT) & DATE		SUBMITTAL TYPE ☐ REGULAR EXPRESS OTC NR

Planning

SUBMITTAL TYPE ☐ **REGULAR** ☐ **OTC** ☐ **NR**

PLANNING PROJECT NUMBER

✓	ITEM	✓	ITEM	✓	ITEM
	ADMINISTRATIVE USE PERMIT (AUP)		SUBDIVISION MAP		SITE PLAN REVIEW (SPR) # OF FEET ____
	CONDITIONAL USE PERMIT (CUP)		LOT MERGER/LOT LINE ADJUSTMENT	☐	CONCEPTUAL ONLY
	STANDARDS VARIANCE (SV)		CERTIFICATE OF COMPLIANCE	☐	PRE-APPLICATION ONLY
	FENCE HEIGHT EXCEPTION (AUP or SV)		CONDOMINIUM CONVERSION	☐	WIRELESS TELECOM
	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_____

SAMPLE

Sign N/A

SUBMITTAL TYPE ☐ REGULAR ☐ OTC ☐ 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

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		
☐ N = NEW ☐ E = EXISTING ☐ D = DEMOLISH/REMOVE ☐ A = ADD/EXPAND		
PLANNING APPROVAL BY	PLAN STAMPED ☐ YES ☐ NO	DATE

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