



City of Long Beach
Department of Development Services
 333 W. Ocean Blvd., 4th Floor
 Long Beach, CA 90802
 (562) 570-6651 Fax: (562) 570-6753

Mechanical Permit Application

APP-012 ver. 01.09.27

PLEASE PRINT CLEARLY	Project No.	Approved for PC Only
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1. PROJECT ADDRESS (NOT MAILING ADDRESS)		SUITE/UNIT NO.	DATE / /	
2. APPLICANT LAST NAME-FIRST NAME		PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR		
3. APPLICANT MAILING ADDRESS		E-MAIL ADDRESS		
4. CITY-STATE	ZIP	PHONE	FAX	
5. CONTRACTOR LAST NAME-FIRST NAME		STATE LICENSE NO. & TYPE		
6. CONTRACTOR MAILING ADDRESS		E-MAIL ADDRESS		
7. CITY-STATE	ZIP	PHONE	FAX	
8. CONTACT PERSON LAST NAME-FIRST NAME				
9. CONTACT PERSON MAILING ADDRESS		E-MAIL ADDRESS		
10. CITY-STATE	ZIP	PHONE	FAX	

11. DESCRIPTION OF WORK																																																														
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* REQUIRES 1 PIPING SYSTEM & AIR HANDLER		**COMMERCIAL/INDUSTRIAL/GARAGE EXHAUST		NOTE: VAV BOX IS NO CHARGE																																																										

12. OCCUPANCY GROUP	TYPE OF CONSTRUCTION	CBC EDITION USED	NO. OF STORIES	CHANGE OF OCCUPANCY FROM: TO:
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13. TOTAL SQUARE FEET OF THIS PROJECT				
COMM.	RES.	GAR.	MISC.	

14. VALUATION OF WORK COVERED BY THIS APPLICATION \$	NO. OF DWELLING UNITS	PRESENT USE	PROPOSED USE
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15. FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	16. FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO	17. FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO
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18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.	ISSUED BY (INITIALS)
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FOR DEPARTMENT USE ONLY									
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED <input type="checkbox"/> INT	PLANNING STAMP REQUIRED <input type="checkbox"/>	

NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:

<input type="checkbox"/> Contractor with Workers' Compensation	<input type="checkbox"/> Contractor without Workers' Compensation
<input type="checkbox"/> Developer with Workers' Compensation	<input type="checkbox"/> Developer without Workers' Compensation
<input type="checkbox"/> Owner with Workers' Compensation	<input type="checkbox"/> Owner without Workers' Compensation

Workers' Compensation Company Name	Expiration Date / /	Policy No.
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This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at lbs.longbeach.gov