CITY OF LONG BEACH

Community Development Department
Building and Safety Bureau
411 West Ocean Boulevard, 2nd Floor, Long Beach, CA 90802
562.570.PMIT (7648)

FORM-045 Special Inspection Request

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY

Project Address:	Project No.:	Date:
Owner/Applicant's Name:		Phone:
Address:	City, State, Zip:	
Proposed Use of Building	Present Use of Building	

Type of Inspection:

☐	Building	☐	Combination
☐	Electrical	☐	Planning (Nonconforming Building)
☐	Plumbing	☐	Change of Occupancy
☐	Mechanical	☐	Condo Conversion
		☐	Number of Units_____

We recommend that you contact your field inspector prior to requesting the inspection. The 24-hour automated inspection request line is (562) 570-6105.

Information Needed:

_____

_____

_____

Signature of Owner/Applicant

Planner:	Zone:	Date Received:

Inspector's Report:

_____

_____

_____

_____

_____

_____ Δ

☐ Additional Pages Attached

Inspector's Signature	Date:

City of Long Beach

411 W. Ocean Blvd., 3rd Floor

Long Beach, CA 90802

Visit us at longbeach.gov/lbcd

LongBeachBuilds

This information is available in alternative format by request at 562.570.3807.

For an electronic version of this document. visit our website at longbeach.gov/lbcd.

Revised: 12/5/25