



APP-012
Express Electrical Permit Application

GENERAL INFORMATION				PROJECT NUMBER		AUTHORIZATION	
						Permit Tech	
PROJECT ADDRESS (not mailing address)				PROJECT NAME (if any)			
LEGAL DESCRIPTION (i.e., Lot, Block, Tract, APN, etc.)							
CONSTRUCTION VALUATION \$		USE(S) / OCCUPANCY(IES) (check all boxes that apply)					
		<input type="checkbox"/> One-/Two-Family Dwelling (R-3)		<input type="checkbox"/> Office (B)		<input type="checkbox"/> Storage/Warehouse (S-1)(S-2)	
		<input type="checkbox"/> ADU/JADU (R-3)		<input type="checkbox"/> Retail (M)		<input type="checkbox"/> Industrial/Manufacturing (F-1)(F-2)	
		<input type="checkbox"/> Apartment/Condominium (R-2)		<input type="checkbox"/> Restaurant (A-2)(B)		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Hotel/Motel (R-1)		<input type="checkbox"/> Assembly (A-1)(A-2)(A-3)		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Assisted Living Facility (R-2.1)(R-4)		<input type="checkbox"/> Parking Garage (U)(S-2)		<input type="checkbox"/> Other:	
APPLICANT (first name and last name)				<input type="checkbox"/> Agent For		<input type="checkbox"/> Property Owner	
						<input type="checkbox"/> Design Professional	
						<input type="checkbox"/> Tenant / Lessee	
						<input type="checkbox"/> Contractor	
APPLICANT MAILING ADDRESS				APPLICANT EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE #		FAX #	
PROPERTY OWNER (first name and last name)				<input type="checkbox"/> Sole		<input type="checkbox"/> LLC / Corporation	
				<input type="checkbox"/> Partners		<input type="checkbox"/> Trust	
PROPERTY OWNER MAILING ADDRESS				PROPERTY OWNER EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE #		FAX #	
CONTRACTOR (first name and last name)				TYPE OF BUSINESS		CITY PIN (if applicable)	
CONTRACTOR MAILING ADDRESS				CONTRACTOR EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE #		FAX #	
CITY BUSINESS LICENSE #		EXPIRATION DATE		STATE LICENSE # AND TYPE		EXPIRATION DATE	

(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

S

Description Number	EXPRESS ELECTRICAL PERMIT ¹	One-Family Dwelling	Two-Family Dwellings	Multi-Family Dwellings	Nonresidential Buildings
		check applicable box			
Fill in the blank field(s) and/or check the applicable box(es).					
E1	Existing Electrical Service. Alter, repair or replace existing <i>[specify capacity]</i> _____ electrical service with same size, number, type and location of existing service. (Note: Max. 600V or max. 225A.)				
E2	Existing Electrical Service. Alter, repair or replace existing <i>[specify capacity]</i> _____ electrical service with same size, number, type and location of existing service. (Note: Max. 600V or max. 400A. Does not cover work at hazardous location or within H occupancy building.)				
E3	Existing Electrical Wiring. Alter, repair or replace existing electrical wiring of the same size, number, type and location or proximity.				
E4	Existing Electrical Wiring. Alter, repair or replace existing electrical wiring of the same size, number, type and location or proximity. Exclude wiring that support lighting fixture(s) or control system(s).				
E5	Existing Lighting Fixture(s)/Receptacle(s). Alter, repair or replace <i>[specify quantity]</i> _____ existing lighting fixture(s)/receptacle(s) with the same fixture/receptacle type, voltage and wattage at the same location or proximity.				
E6	Existing Lighting Fixture(s)/Receptacle(s). Alter, repair or replace <i>[specify quantity]</i> _____ existing lighting fixture(s)/receptacle(s), max. 10%, with the same fixture/receptacle type, voltage and wattage at the same location or proximity.				
E7	Low Voltage Electrical Wiring. Install new or alter, repair or replace existing low voltage electrical wiring. Max. 120V. No penetration(s) into fire-rated assembly.				
E8	Meter Re-Connection or Reset.				
E9	Temporary Power. Install temporary power to a distribution panel. (Note: Max. 600V or max. 225A.)				
E10	Temporary Power and Electrical Wiring. Install temporary power to a distribution panel. Include installation of electrical wiring for <i>[check one box]</i> <input type="checkbox"/> construction site, <input type="checkbox"/> special event, <input type="checkbox"/> carnival, <input type="checkbox"/> trade show, or <input type="checkbox"/> movie set. (Note: Max. 600V or max. 225A.)				
E11	New Electrical Service. Install new <i>[specify capacity]</i> _____ electrical service only. (Note: Max. 600V or max. 225A.)				
E12	New or Replace Electrical Subpanel. Install <i>[check one box]</i> <input type="checkbox"/> new or <input type="checkbox"/> replace existing electrical subpanel. Total connected load shall not exceed 400A. (Note: Max. 600V or max 225A.)				
E13	New Electrical Vehicle Charging Station and Supply Equipment. Install <i>[check one box]</i> <input type="checkbox"/> one or <input type="checkbox"/> two EVCS with <i>[check one box]</i> <input type="checkbox"/> Level 1 or <input type="checkbox"/> Level 2 <i>[check one box]</i> <input type="checkbox"/> 15A, <input type="checkbox"/> 20A, <input type="checkbox"/> 30A, <input type="checkbox"/> 40A, <input type="checkbox"/> 50A, or <input type="checkbox"/> 70A rated EVSE located at <i>[specify location]</i> _____ <i>[check if included]</i> <input type="checkbox"/> including a panel upgrade. Comply with IB-049 and FORM-019 .				
E14	New Electrical Vehicle Charging Station and Supply Equipment. Install <i>[check one box]</i> <input type="checkbox"/> one or <input type="checkbox"/> two EVCS with <i>[check one box]</i> <input type="checkbox"/> Level 1 or <input type="checkbox"/> Level 2 <i>[check one box]</i> <input type="checkbox"/> 15A, <input type="checkbox"/> 20A, <input type="checkbox"/> 30A, <input type="checkbox"/> 40A, <input type="checkbox"/> 50A, or <input type="checkbox"/> 70A rated EVSE located at <i>[specify location]</i> _____. Comply with IB-049 and <i>[specify form]</i> <input type="checkbox"/> FORM-037 or <input type="checkbox"/> FORM-038 .				
E15	New Rooftop Mounted Solar PV System. Install <i>[specify info]</i> _____ kW DC, _____ kW AC, _____ module(s), _____ micro-inverter(s), _____ combiner box(es), <i>[check if included]</i> including <input type="checkbox"/> a panel upgrade to _____A and/or <input type="checkbox"/> an energy storage system _____ kWh. Comply with IB-023 and FORM-016 .				

FOOTNOTE:

1. Comply with all mandatory feature energy requirement contained in the 2022 Edition of the California Building Energy Efficiency Standards, CCR Title 24, Part 6 (a.k.a., California Energy Code).

Refer to Information Bulletin [IB-058](#) for additional information on simple construction projects that qualify for the Express Permit Service. If it does not qualify, it will be necessary to submit the construction documents for plan review through the Over-the-Counter Plan Review Service or the Submitted Regular Plan Review process. Refer to longbeach.gov/lbds/building/plan-review-service for additional information.

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.