



APP-014
Express Mechanical 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
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Description Number	<p style="text-align: center;">EXPRESS MECHANICAL PERMIT 1, 2, 3</p> <p style="text-align: center;">Fill in the blank field(s) and/or check the applicable box(es).</p>	One-Family Dwelling	Two-Family Dwellings	Multi-Family Dwellings	Nonresidential Buildings
		check applicable box			
M1	HVAC Replace. Replace existing [specify capacity] _____ btu/hr or ton(s) HVAC unit at [specify location] _____. Comply with FORM-027 Express Permit Checklist for Location of Equipment. (Note: Max. 60,000 btu/hr or 5 tons.)				
M2	HVAC Replace. Replace existing [specify quantity] _____ [specify capacity] _____ btu/hr or ton(s) HVAC unit(s) with the same size and type (like for like) at [specify location] _____. Comply with FORM-027 Express Permit Checklist for Location of Equipment.				
M3	HVAC Addition/Relocation. Add or relocate a single [specify capacity] _____ btu/hr or ton(s) HVAC unit at [specify location] _____. Comply with FORM-027 Express Permit Checklist for Location of Equipment. (Note: Max. 60,000 btu/hr or 5 tons.)				
M4	HVAC Addition/Relocation. Add or relocate [specify quantity] _____ [specify capacity] _____ btu/hr or ton(s) HVAC unit(s) at [specify location] _____. FORM-027 Express Permit Checklist for Location of Equipment. (Note: Total aggregate btu/hr or tonnage of all units shall not exceed 60,000 btu/hr or 5 tons.)				
M5	Environmental Fan Repair/Replace. Repair or replace existing environmental fan(s) in [check one or more boxes] <input type="checkbox"/> restroom, <input type="checkbox"/> office room, <input type="checkbox"/> dining room, <input type="checkbox"/> conference room, <input type="checkbox"/> other _____ with the same cfm and static pressure rating (like for like).				
M6	Environmental Duct Alteration/Addition. Alter or add environmental duct(s) at [specify fire area location or floor within the building] _____ within existing building. (Note: Does not include work related to a smoke control system OR penetrate(s) existing fire and/or smoke rated assemblies. Max. 2,000 cfm.)				
M7	Environmental Duct Alteration/Addition. Alter or add environmental duct(s) within the existing dwelling unit(s). (Note: Max. 2,000 cfm.)				
M8	Gas Heater(s)/Furnace(s) Addition/Replacement. Install or replace single-unit gas heater and/or vented gas furnace [specify location] <input type="checkbox"/> wall, <input type="checkbox"/> floor or <input type="checkbox"/> other _____ within [specify location] <input type="checkbox"/> an enclosure or <input type="checkbox"/> the attic. (Note: Location of heater/furnace shall not obstruct or diminish min. parking stall requirement OR be within or open into a sleeping room.)				

FOOTNOTES:

1. Comply with all mandatory feature energy requirement contained in the 2019 Edition of the California Building Energy Efficiency Standards, CCR Title 24, Part 6 (a.k.a., California Energy Code).
2. HERS verification will be required for all heating, AC or HVAC equipment change outs, or more than 40 linear ft. ductwork new or replaced. Computer generated CF-1R will be required before any HERS verification may be performed.
3. For final city inspection, all required compliance documents and forms shall be registered with the California Energy Commission and a copy left on site.

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.