



APP-011
Express Building 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"/> Private/Parking Garage (U) (S-2)	
		<input type="checkbox"/> Apartment/Condominium (R-2)		<input type="checkbox"/> Retail (M)		<input type="checkbox"/> Storage (S-1) (S-2)	
		<input type="checkbox"/> Hotel / Motel (R-1)		<input type="checkbox"/> Restaurant (A-2) (B)		<input type="checkbox"/> Industrial/Manufacturing (F-1) (F-2)	
		<input type="checkbox"/> Assisted Living Facility (R-4)		<input type="checkbox"/> Assembly (A-1) (A-3)		<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
-----------	------------	------

Description Number	EXPRESS BUILDING PERMIT	One-Family Dwelling	Two-Family Dwellings	Multi-Family Dwellings	Nonresidential Buildings
		check applicable box			
B1	Window. Replace [specify quantity] _____ existing window(s) with the same size, opening type, and location as the existing window(s). (Note: For window area > 75 sf, max. U-factor = 0.30 and max. SHGC = 0.23. For window area = 75 sf or less, max. U-factor = 0.40 and max. SHGC = 0.35". Window(s) serving habitable room(s) shall comply with Information Bulletin IB-006 Emergency Escape and Rescue Openings.)				
B2	Door. Replace [specify quantity] _____ existing door(s) with the same size, type and location as the existing door(s). (Note: Work does not include glass door. Exterior door shall have a max. U-factor = 0.20.)				
B3	Kitchen. Repair and/or replace existing kitchen [check one or more boxes] <input type="checkbox"/> cabinet(s), <input type="checkbox"/> flooring, <input type="checkbox"/> wall finishes, <input type="checkbox"/> tile(s), <input type="checkbox"/> counter(s), and/or <input type="checkbox"/> plumbing or <input type="checkbox"/> electrical fixture(s) with the same size, type and location. No change(s) in wall(s) or opening(s) is(are) permitted. No change to the floor or kitchen layout. No penetration or relocation for new plumbing or electrical fixture(s), equipment or outlet(s) into existing wall(s) is(are) allowed.				
B4	Bathroom. Repair and/or replace existing bathroom [check one or more boxes] <input type="checkbox"/> cabinet(s), <input type="checkbox"/> flooring, <input type="checkbox"/> wall finishes, <input type="checkbox"/> tile(s), <input type="checkbox"/> counter(s), and/or <input type="checkbox"/> plumbing or <input type="checkbox"/> electrical fixture(s) only. No change in wall(s) or opening(s) is(are) permitted and no penetration of new plumbing or electrical fixture(s) into existing wall(s) is(are) allowed. (Note: Comply with Information Bulletin IB-056 Residential Bathroom Remodel.)				
B5	Drywall/Plaster. Repair and/or replace existing interior drywall or plaster for non-structural purpose only. Limit total area of repair/replacement to a max. 10% of the existing building's interior wall(s)/ceiling(s).				
B6	Foundation Seismic Retrofit. Voluntary seismic retrofit of existing wood framed building. Install [check one or more boxes] <input type="checkbox"/> cripple wall, <input type="checkbox"/> anchor bolting/bracing, <input type="checkbox"/> other _____ per an approved standard plan recognized by an approved agency. Installation per [check one box] <input type="checkbox"/> LADBS Standard Plan #7 or #9 or <input type="checkbox"/> other _____.				
B7	Security Bar. Install [specify quantity] _____ [check one or more boxes] <input type="checkbox"/> security bar(s), <input type="checkbox"/> grill(s), <input type="checkbox"/> grate(s), <input type="checkbox"/> security roll down shutter(s) or <input type="checkbox"/> other _____ over/at [specify location] _____. (Note: Cannot be installed over emergency escape window or door in sleeping room.)				
B8	Repair/Replace Damaged Wood Framing. Repair/Replace damaged wood framing in [specify location]: <input type="checkbox"/> floor, <input type="checkbox"/> wall, <input type="checkbox"/> ceiling, <input type="checkbox"/> and/or roof. New wood framing must be same size, spacing and location with the same or better lumber grade. Damaged repair/replacement shall not to exceed 10% of the existing wood framing.				
B9	Re-Roof with Asphalt/Fiberglass Composition Shingles. Composition shingles to be install over [check one box] <input type="checkbox"/> solid sheathing or <input type="checkbox"/> max. 1 existing layer of composition shingles that were installed over solid sheathing. Total [specify quantity] _____ roof square(s). Max. weight of shingles shall be 6 psf or less. (Note: Radiant barrier shall be provided.)				
B10	Re-Roof with Built-Up Roofing. Built-up roofing with Class <input type="checkbox"/> A or <input type="checkbox"/> B material to be install over [check one box] <input type="checkbox"/> solid sheathing or <input type="checkbox"/> max. 1 existing layer of built-up roofing that was installed over a solid sheathing. Total [specify quantity] _____ roof square(s). (Note: Radiant barrier shall be provided.)				
B11	New Stucco or Re-Stucco. Install new stucco over existing wood siding or wet sandblast and re-stucco. 2 layers of Grade D weather-resistive paper required with a min. 7/8" thick layer of stucco.				
B12	Change of Ownership or Contractor. Change existing [check one box] <input type="checkbox"/> owner or <input type="checkbox"/> contactor of record with [specify name] _____ on permit number _____.				
B13	Complete Work Under Expired Permit. Complete remaining [specify percent] _____ of work under expired permit number [specify permit number] _____.				

	<i>[specify percent]</i> _____ of previous work was completed as determined by inspection dated <i>[specify date]</i> _____.				
B14	Change of Address. Change address on permit number <i>[specify permit number]</i> _____ from <i>[specify existing address]</i> _____ to <i>[specify new address]</i> _____.				

If a simple construction project does not qualify for the Express Permit Service, it will be necessary to submit the construction documents for plan review through the Over-the-Counter Plan Check Service or the Regular Plan Check process (refer to [Information Bulletin IB-002](#) or longbeach.gov/lbds/building/project-submittal 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.