



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
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Description Number	EXPRESS BUILDING PERMIT	One-Family Dwelling	Two-Family Dwellings	Multi-Family Dwellings	Non-residential Buildings
		check applicable box			
B1	<b>Window.</b> 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 <a href="#">Information Bulletin IB-006 Emergency Escape and Rescue Openings.</a> )				
B2	<b>Door.</b> 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	<b>Kitchen.</b> 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	<b>Bathroom.</b> 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: <a href="#">Comply with Information Bulletin IB-056 Residential Bathroom Remodel.</a> )				
B5	<b>Drywall/Plaster.</b> 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	<b>Foundation Seismic Retrofit.</b> 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	<b>Security Bar.</b> 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	<b>Re-Roof with Asphalt/Fiberglass Composition Shingles.</b> 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.)				
B9	<b>Re-Roof with Built-Up Roofing.</b> 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.)				
B10	<b>New Stucco or Re-Stucco.</b> 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.				
B11	<b>Change of Ownership or Contractor.</b> Change existing [check one box] <input type="checkbox"/> owner or <input type="checkbox"/> contactor of record with [specify name] _____ on permit number _____.				

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](http://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](http://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.

## California Licensed Contractor's Declaration and Owner-Builder's Declaration

Address: \_\_\_\_\_ Project #: \_\_\_\_\_

### 1. CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name and Address \_\_\_\_\_

State Contractor's License No. and Class \_\_\_\_\_ Contractor Signature \_\_\_\_\_

Long Beach Business License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### 2. WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.  
Policy No. \_\_\_\_\_

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:  
Carrier \_\_\_\_\_ Policy No \_\_\_\_\_ Exp Date \_\_\_\_\_  
Name of Agent \_\_\_\_\_ Tel No \_\_\_\_\_

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

### 3. VERIFICATION OF APPLICATION, LAW COMPLIANCE AND INSPECTION ACCESS.

By my signature below, I certify to each of the following:

- I have read this construction permit application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

I am  the California licensed contractor or  authorized agent acting on the contractor's behalf.

**California Licensed Contractor:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contractor's Authorized Agent:**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address of Authorized Agent \_\_\_\_\_

### 4. DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction-lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address \_\_\_\_\_

### 5. CONTRACTOR PERMIT PROXY

If the Contractor does not carry worker's compensation insurance and is not available to personally complete the permit application at the Long Beach City Hall, the above information may be completed and signed by the licensed contractor and submitted by proxy. The application declarations must be completely filled out and signed by the contractor in three (3) appropriate places (California Licensed Contractor's Declaration, Worker's Compensation Declaration and Verification of application, Law Compliance and Inspection Access). **In addition to completing the above information, the contractor must provide a copy of the front and back of the signed contractor's state license card.** Please note that the license holder must sign the reverse side of the state licensed card.

Address: \_\_\_\_\_

Project #: \_\_\_\_\_

**1. OWNER-BUILDER'S DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).).

I, as owner of the property, or my employees with wages as their sole compensation, will do  all of or  portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale).

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

I am exempt from licensure under the Contractors' State License Law for the following reason:

\_\_\_\_\_

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Property Owner or Authorized Agent signature \_\_\_\_\_ Date \_\_\_\_\_

**2. WORKERS' COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.  
Policy No. \_\_\_\_\_

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:  
Carrier \_\_\_\_\_ Policy No \_\_\_\_\_ Exp Date \_\_\_\_\_  
Name of Agent \_\_\_\_\_ Tel No \_\_\_\_\_

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

**3. DECLARATION REGARDING CONSTRUCTION LENDING AGENCY**

I hereby affirm under penalty of perjury that there is a construction-lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address \_\_\_\_\_

By my signature below, I certify to each of the following:

- I have read this construction permit application and the information I have provided is true and correct.
- I agree to comply with all applicable Long Beach City, county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

I am  the property owner or  authorized agent acting on the property owner's behalf.

The Notice to Property Owner form shall accompany this document. The property owner must complete the Authorization of Agent section on the form when an authorized agent is acting on the property owner's behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at [longbeach.gov/lbds](http://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.

## **Owner/Builder/Contractor Permit Proxy Form**

### **NOTICE TO PROPERTY OWNER**

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at \_\_\_\_\_.

We are providing you with an Owner-Builder Acknowledgment and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder.

**We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us at our official address indicated.** An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

### **OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION**

*DIRECTIONS: Read and initial each statement below to signify you understand or verify this information.*

\_\_\_\_ 1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

\_\_\_\_ 2. I understand building permits are not required to be signed by property owners unless they are *responsible* for the construction and are not hiring a licensed Contractor to assume this responsibility.

\_\_\_\_ 3. I understand as an "Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.

\_\_\_\_ 4. I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

\_\_\_\_ 5. I understand if I employ or otherwise engage any persons, other than California licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "employer" under state and federal law.

\_\_\_\_ 6. I understand if I am considered an "employer" under state and federal law, I must register with the state and federal government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "employee." I also understand my failure to abide by these laws may subject me to serious financial risk.

\_\_\_\_ 7. I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless *all* work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.

\_\_\_\_ 8. I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.

\_\_\_\_9. I understand I may obtain more information regarding my obligations as an “employer” from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors’ State License Board (CSLB) at 1-800-321-CSLB (2752) or [www.cslb.ca.gov](http://www.cslb.ca.gov) for more information about licensed contractors.

\_\_\_\_10. I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the following address:

\_\_\_\_\_

\_\_\_\_11. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.

\_\_\_\_12. I agree to notify the issuer of this form immediately of any additions, deletions, or changes to any of the information I have provided on this form.

Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors’ State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner-Builder and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers’ compensation insurance coverage.

**Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit. Note: A copy of the property owner’s driver’s license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner’s signature.**

Signature of property owner \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

*Note: The following Authorization Form is required to be completed by the property owner only when designating an agent of the property owner to apply for a construction permit for the Owner-Builder.*

**AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER’S BEHALF**

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): \_\_\_\_\_

Project Location or Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Tel No \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. *Note: A copy of the owner’s driver’s license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner’s signature.*

Property Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at [longbeach.gov/lbds](http://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.