

CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF ENVIRONMENTAL HEALTH  
**PLAN CHECK APPLICATION**

DATE \_\_\_\_\_ JOB NUMBER \_\_\_\_\_

TYPE OF PERMIT \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF ESTABLISHMENT \_\_\_\_\_ DBA \_\_\_\_\_

OWNER \_\_\_\_\_ RESIDENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUB-CONTRACTOR \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

STARTING DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEE PAID \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

HE0612       HE0620

APPROVED \_\_\_\_\_ DENIED (REASON) \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

RECEIVED BY

DATE

E.H.S. PLAN CHECKER SIGNATURE