



FORM-010
Predevelopment Meeting Request

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY. Completed predevelopment meeting request form can be submitted in person at 411 West Ocean Boulevard, 2nd Floor, Long Beach, CA 90802, to the manager for the Plan Review Division or by email to Truong.Huynh@longbeach.gov. For additional information, please refer to Information Bulletin BU-043 Predevelopment Meeting.

A. APPLICANT INFORMATION

First Name:		Last Name:		Date:
Relationship to Project:	<input type="checkbox"/> Agent for:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	Phone No.:
	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Other:	
Email Address:			Fax No.:	
Referred by (check box and provide name of referring party, if applicable)				
<input type="checkbox"/> Walk-in:	<input type="checkbox"/> City Staff:	<input type="checkbox"/> City Manager's Office:	<input type="checkbox"/> Mayor/Council Office:	

B. PROJECT INFORMATION

Project Address (not mailing address):			Project Name (if any):	
Project Valuation:	Use:	Number of Unit(s):	Number of Story(ies):	Residential Floor Area:
Type of Construction:	Occupancy:	Building Height:	Number of Basement(s):	Nonresidential Floor Area:

Project Description (e.g., change of use, legalized units, tenant improvement, new construction, single family residence addition, etc.):

C. QUESTIONNAIRE

Please provide additional information regarding your project by answering ALL of the following questions. Detailed and specific information will help us better understand your project and determine the most suitable service available.

1. Please check the appropriate Project Type (check all that applies):

New Construction Addition Alteration/Remodel Change of Use

2. Please check the appropriate Proposed Use for your project (check all that applies):

SFD/Duplex Commercial (office/retail/etc) Hotel Affordable/Senior Housing
 Apartment/Condominium Commercial High-rise Restaurant Mixed Use (res/comm/etc)
 Residential High-rise Industrial/Manufacture Adaptive Reuse Other:

3. Anticipated Plan Submittal Date: Anticipated Permit Issuance Date: Anticipated Final/Occupancy Date:

4. a)	Have you prepared working drawings/plans for this project?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
b)	Have you submitted your project for any Planning Entitlement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Name of Planner:
c)	Have you submitted your project for Plan Check?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Project Number(s):
d)	Has your project been cited by Code Enforcement or Fire Prevention?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(If yes, please describe in Section 6)

5. Do you have specific questions for any of the following areas or disciplines?
Please check one or more that applies. An attempt will be made to request the appropriate City staff based upon the box(es) checked below and their availability. A separate predevelopment meeting with other City staff may be necessary.

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Planning/Zoning	<input type="checkbox"/> Other
<input type="checkbox"/> Fire	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Health (food, pool)	<input type="checkbox"/> Other
<input type="checkbox"/> Public Right-of-Way	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Utilities (water, gas, sewer)	<input type="checkbox"/> Other

6. Please provide a detailed list of questions or assistance needed. Attach separate sheet if additional space is needed.

e.g.,

- *Building Code Questions: (i.e., occupancy classification, allowable floor area, ADA requirement, exiting layout, allowable height, type of construction, allowable No. of stories, fire sprinkler, fire alarm, smoke evacuation, etc.).*
- *Zoning Code Questions: (i.e., allowable use, conditional use permit, allowable height, floor area ratio, open space, yard setbacks, density, open space, parking requirement and layout, subdivision, etc.)*

DEPARTMENT USE ONLY				
<input type="checkbox"/> AP Fault Zone	<input type="checkbox"/> High Wind Area	<input type="checkbox"/> Liquefaction	Date:	Participant(s):
<input type="checkbox"/> Oil Operating Area	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Other	Time:	

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.