



City of Long Beach
Department of Development Services
333 West Ocean Blvd., 4th Floor
Long Beach, CA 90802
Phone: (562) 570-5237 Fax: (562) 570-6753
Website: www.lbds.info

Special Inspection Request

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY

Project Address:		Project No.:	Date:
Owner/Applicant's Name:		Phone:	
Address:	City, State, Zip:		
Proposed Use of Building	Present Use of Building		
Type of Inspection:			
<input type="checkbox"/>	Building	<input type="checkbox"/>	Combination
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Change of Occupancy
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Condo Conversion
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Number of Units _____
We recommend that you contact your field inspector prior to requesting the inspection. The 24-hour automated inspection request line is (562) 570-6105.			
Information Needed: _____ _____ _____			
Signature of Owner/Applicant			
Planner:	Zone:	Date Received:	
Inspector's Report:			
_____ _____ _____ _____ _____			
<input type="checkbox"/> Additional Pages Attached			
Inspector's Signature		Date:	