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

# Request for Expedited Plan Check

I, the undersigned, am hereby requesting Expedited Plan Check services for the project located at Address:_____ for Project Number _____.

I understand that the fee charged for the Expedited Plan Check service is **IN ADDITION TO** the standard plan review fees and is equal to **100% OF THE STANDARD PLAN REVIEW FEES (Fire and Health plan review fees are calculated separately)**. I further understand and acknowledge that the expedited plan review is DONE ON A VOLUNTEER BASIS should staff be available and at the discretion of the Development Permit Center. The Development Permit Center cannot guarantee that this request can be accommodated. The fees shall be collected at the time the request is granted.

*For plan review services performed by other departments or agencies, please contact them directly for information on the types of services they provide.*

| ✓ | TYPE OF REVIEW |
|---|---|
| | Building |
| | Mechanical |
| | Electrical |
| | Plumbing |
| | Zoning |
| | Fire |
| | Health |

**CONTACT INFORMATION**

Type of Applicant: ☐Owner ☐Contractor ☐Architect ☐Other
☐Agent for Owner ☐Agent for Contractor ☐Engineer

Address: _____

City/State/Zip: _____

Phone / Fax #: _____

Email Address: _____

I have read and agree to the above and understand that the Expedited Plan Check service is equal to 100% of the standard plan review fees that any Fire and Health expedited plan review fees are calculated separately.

_____ _____ _____
*Name of Applicant* *Signature* *Date*

***FOR DEPARTMENT USE ONLY***

☐ Request Approved: by _____ Notification: _____
☐ Request Denied: *Name of Staff Performing Review* *Date*