



Development Permit Application

General Information			PROJECT NUMBER		Authorization	
					Plan Check	Permit Tech
PROJECT ADDRESS (NOT MAILING ADDRESS)			PROJECT NAME (IF ANY)			
LEGAL DESCRIPTION (i.e. Lot, Block, Tract, APN, etc.)						
DOING BUSINESS AS (DBA)			SUBMITTAL DATE			
APPLICANT LAST NAME, FIRST NAME			OWNER		<input type="checkbox"/> DESIGN PROFESSIONAL	
			AGENT FOR		<input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> CONTRACTOR	
APPLICANT MAILING ADDRESS			EMAIL ADDRESS			
CITY	STATE	ZIP	PHONE		FAX	
1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			ARCHITECT		CIVIL	
			STRUCTURAL		OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS			
CITY	STATE	ZIP	PHONE		FAX	
2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME			ARCHITECT		CIVIL	
			STRUCTURAL		OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS			DESIGN PROFESSIONAL EMAIL ADDRESS			
CITY	STATE	ZIP	PHONE		FAX	
PROPERTY OWNER LAST NAME, FIRST NAME						
PROPERTY OWNER MAILING ADDRESS			EMAIL ADDRESS			
CITY	STATE	ZIP	PHONE		FAX	
DESCRIPTION OF WORK						
For residential projects only, will the proposed work result in the displacement of any tenant?					Yes <input type="checkbox"/>	No <input type="checkbox"/>

(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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Building

SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR	BUILDING PROJECT NUMBER
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CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)					
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY					
TYPE OF CONSTRUCTION		PRESENT USE/OCCUPANCY		PROPOSED USE/OCCUPANCY	
# DWELLING UNITS	# OF STORIES		BUILDING HEIGHT		CBC EDITION USED
FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO		SMOKE CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO

VALUATION COVERED BY APPLICATION \$	OFFICE USE ONLY					
SQUARE FOOTAGE OF PROJECT	RESIDENTIAL			NON-RESIDENTIAL		
	Remodel/ Additions	New Construction	Demolition/ Removal	Remodel/ Additions	New Construction	Demolition/ Removal
Existing: _____						
New/Add/Remodel: _____						
Demolition/Removal: _____						

GRADING PERMIT (IN CUBIC YARDS)			
CUT: _____	FILL: _____	EXPORT: _____	IMPORT: _____

Fire

SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR	FIRE PROJECT NUMBER Same as Building Project Number
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CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN

QTY	ITEM	QTY	ITEM
	FIRE ALARM VALUATION: \$ _____		FIRE ALARM SYSTEM DEVICES
	FIRE ACCESS		UNDERGROUND STORAGE TANK
	UNDERGROUND FIRE LINE		UNDERGROUND STORAGE TANK PIPING (FT)
	SPRINKLERS RISERS		VAPOR RECOVERY SYSTEM
	SPRINKLER HEADS		ABOVEGROUND STORAGE
	STANDPIPE SYSTEM HOSE VALVES		ABOVEGROUND STORAGE TANK PIPING (FT)
	SPECIAL FIRE EXT. SYSTEM NOZZLES		OTHER _____

Health

SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR	HEALTH PROJECT NUMBER Same as Building Project Number
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CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE	
CONTRACTOR MAILING ADDRESS				CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX	
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN	

FOOD FACILITY					
✓	ITEM	✓	ITEM	✓	ITEM
	RESTAURANT # OF SEATS _____		BED & BREAKFAST		GREASE TRAP
	SCHOOL CAFETERIA		FOOD MRKT RETAIL (SQ. FT.)		FOOD PROCESSOR (SQ. FT.)
	SATELLITE FACILITY/KIOSK		CATERER		
	CONSULTATION		MENU CHANGE/EQUIPMENT		
	FOOD VEHICLE		WAREHOUSE/COMMISSARY		
	FOOD CART		SALVAGER		OTHER _____

BACKFLOW		
FOOD FACILITY	POOL & SPA	OTHER _____

WATER SYSTEMS			
CROSS CONNECTIONS / RECYCLED WATER	NEW POOL		REMODEL/REPLASTER – POOL
LOW IMPACT DEV SYSTEM WITH ONSITE WTR REUSE	NEW SPA		REMODEL/REPLASTER – SPA
LOW IMPACT DEV SYSTEM WITHOUT ONSITE WTR REUSE	SEWAGE DISPOSAL SYSTEM		MINOR REMODEL / EQUIP CHANGE – POOL
			MINOR REMODEL / EQUIP CHANGE – SPA

BODY ART			
TATTOO SHOP			OTHER _____

SAMPLE

Electrical

SUBMITTAL TYPE	ELEC PROJECT NUMBER
<input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR	

CONTRACTOR LAST NAME, FIRST NAME <small>△ Same as Building Cont</small>			STATE LICENSE NO. & TYPE	EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS	CITY PIN

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)
 NEW CONSTRUCTION
 ALTERATION/REMODEL/TENANT IMPROVEMENT
 ADDITION
 CHANGE OF USE/OCCUPANCY

TYPE OF CONSTRUCTION	PRESENT USE/OCCUPANCY	PROPOSED USE/OCCUPANCY	
# DWELLING UNITS	# OF STORIES	BUILDING HEIGHT	CEC EDITION USED

VALUATION COVERED BY APPLICATION
 \$

QTY	SERVICE	QTY	MOTORS, GENERATORS, TRANSFORMERS & OTHER APPARATUS	QTY	BUSWAYS, POWER DUCTS
	≤ 600 V SERVICE ≤ 200 AMP		< 1 HP, KW, KVA		FEET OF BUSWAY ≤ 99 AMP
	≤ 600 V SERVICE 201 – 400 AMP		1-7 HP, KW, KVA		FEET OF BUSWAY 100-400 AMP
	≤ 600 V SERVICE 401 – 1000 AMP		8-50 HP, KW, KVA		FEET OF BUSWAY > 400 AMP
	≤ 600 V SERVICE > 1000 AMP		51-100 HP, KW, KVA	QTY	SIGNS (NEW OR ALTERATION)
	> 600 V SERVICE		> 100 HP, KW, KVA		1 ST SIGN AND SIGN CIRCUIT
	1 ST SB OR MCC ≤ 600 V		NEW RESIDENTIAL SQ. FOOTAGE OF FLOOR AREA		ADDITIONAL SIGN(S)
	1 ST SB OR MCC > 600 V	QTY	OUTLETS AND FIXTURES		TEMPORARY POLE WITH PANEL (EXCLUDING SERVICE)
	ADDITIONAL METERS		# BUILDING LIGHTING FIXTURES		1 ST OUTLETS ≤ 50
	ADDITIONAL SB OR MCC ≤ 600 V		MULTI-OUTLET/FIXTURE ASSEMBLIES (EACH 5' OR PORTION THEREOF)		TEMPORARY OUTLETS > 50
	ADDITIONAL SB OR MCC > 600 V	QTY	SPEC OUTLETS (INDIV CIRCUITS)	QTY	PHOTOVOLTAIC SYSTEMS
			15-30 AMP		RESIDENTIAL KILOWATTS
	PANELS (SUBPANELS AND/OR CONTROL PANELS)		31-50 AMP / EVC*		COMMERCIAL KILOWATTS
	# OUTSIDE/PARKING LIGHTING STANDARDS		51-100 AMP		
			> 100 AMP		

FOR OFFICE USE ONLY

# SQ FT FOR TITLE 24 REVIEW			
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* EVC – Electric Vehicle Charger / Application qualifies for expedited installation services.

Mechanical

SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR	MECH PROJECT NUMBER
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CONTRACTOR LAST NAME, FIRST NAME <small>△ Same as Building Cont</small>			STATE LICENSE NO. & TYPE		EXP. DATE	
CONTRACTOR MAILING ADDRESS				CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE		FAX	
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN	

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)					
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY					
TYPE OF CONSTRUCTION		PRESENT USE/OCCUPANCY		PROPOSED USE/OCCUPANCY	
# DWELLING UNITS	# OF STORIES		BUILDING HEIGHT		CMC EDITION USED

QTY	ITEM	QTY	ITEM	QTY	ITEM
	HEATING APPLIANCE		WOOD BURNING APPLIANCE		APPLIANCE/CHIMNEY/VENT
	AIR INLET/OUTLET		SMOKE/FIRE DAMPER		SMOKE DETECTOR
	AIR COND COMP ≤ 25 HP		AIR COND COMP 26-50 HP		AIR COND COMP > 50 HP
	GAS/STEAM FIRED AIR COND UNIT		EVAPORATIVE COOLER OR MAKE UP AIR UNIT		FAN COIL/AIR HANDLER*
	COMMERCIAL HOOD		COMMERCIAL COOKING DUCT		PRODUCT CONVEY VENT**
	COOLING TOWER		BATH/KITCHEN/DRYER DUCT		PIPING SYSTEM
	REFRIGERATION COMP ≤ 25 HP		REFRIGERATION COMP 26-50 HP		REFRIGERATION COMP > 50 HP
	ABSORPTION UNIT		BOILER ≥ 1,000K BTU		BOILER ≥ 1,000K BTU
	ALTER/ADD SYSTEM		TITLE ENERGY REVIEW		OTHER _____

FOR OFFICE USE ONLY					
	# SQ FT FOR TITLE 24 REVIEW				

*Requires 1 Piping System & Air Handler for Commercial/Industrial/Garage Exhaust
 Note: Vav Box Is No Charge

SAMPLE

Plumbing

SUBMITTAL TYPE	PLMB PROJECT NUMBER
<input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR	

CONTRACTOR LAST NAME, FIRST NAME <small>△ Same as Building Cont</small>			STATE LICENSE NO. & TYPE		EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE	FAX	
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS	CITY PIN	

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)

NEW CONSTRUCTION
 ALTERATION/REMODEL/TENANT IMPROVEMENT
 ADDITION
 CHANGE OF USE/OCCUPANCY

TYPE OF CONSTRUCTION	PRESENT USE/OCCUPANCY	PROPOSED USE/OCCUPANCY
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# DWELLING UNITS	# OF STORIES	BUILDING HEIGHT	CPC EDITION USED
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QTY	ITEM	QTY	ITEM	QTY	ITEM	QTY	ITEM
	TOILETS		BACKFLOW < 2"		GAS, DRAIN, VENT ALTER/REPAIR		1.5" – 2" WATER LINE
	SINKS		BACKFLOW > 2"		GAS METER RELOCATION		2.5" – 4" WATER LINE
	BATHTUB		BACKWATER VALVE		GAS PRESSURE REGULATOR		≥ 5" WATER LINE
	GARBAGE DISPOSER		FIRE HOSE SULK		GAS SYSTEM		DISABLED ACCESS FIXTURES
	AUTOMATIC WASHER		HOSE BIBBS		MED/HIGH GAS METER		INDUSTRIAL WASTE
	FLOOR DRAIN		ON LOT SEWER		REPIPE GAS/WATER FIXTURE		WET STANDPIPE
	SHOWER		SPRINKER (ANTISIPHON VALVE)		REPIPE WATER SERVICE ONLY		MED PRESSURE GAS SYSTEM
	DISHWASHER		SUMP PUMP		AREA DRAIN		COMBO WASTE/VENT
	DRINKING FOUNTAIN		TRAP PRIMERS		ROOF DRAIN		2" FUEL GAS PIPING SYSTEM
	FLOOR SINK		VACUUM BREAKERS		PLANTER DRAIN		2.5" – 4" FUEL GAS PIPING SYSTEM
	LAVATORY		WATER HEATER		GREASE INTERCEPTOR		≥ 5" FUEL GAS PIPING SYSTEM
	LAUNDRY TRAY		WATER PRESSURE REGULATOR		SAND INTERCEPTOR		MISC. FIXTURES
	URINAL		TITLE 24 ENERGY REVIEW		OTHER INTERCEPTOR		OTHER_____
	FIXTURE CHANGE OUT						

SAMPLE

Landscape & Irrigation

SUBMITTAL TYPE			
<input type="checkbox"/> REGULAR	<input type="checkbox"/> EXPEDITED	<input type="checkbox"/> OTC	<input type="checkbox"/> NR

PLMB PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE	EXP. DATE
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	FAX
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS	CITY PIN

PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)				
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL	<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REHABILITATION	
TOTAL LANDSCAPE AREA SQ FT	SPECIAL LANDSCAPE AREA SQ FT	TURF AREA SQ FT	NON-TURF PLAN AREA SQ FT	

WATER TYPE:	
<input type="checkbox"/> LING BEACH WATER	<input type="checkbox"/> OTHER: _____

WATER TYPE:		COMPLIANCE METHOD		
<input type="checkbox"/> POTABLE	<input type="checkbox"/> RECYCLED	<input type="checkbox"/> PERFORMANCE	<input type="checkbox"/> PRESCRIPTIVE	
<input type="checkbox"/> WELL	<input type="checkbox"/> OTHER _____			

✓	ITEM	✓	ITEM	✓	ITEM	✓	ITEM
<input type="checkbox"/>	RESIDENTIAL PLAN CHECK	<input type="checkbox"/>	RESIDENTIAL INSPECTION	<input type="checkbox"/>	NON-RESIDENTIAL PLAN CHECK	<input type="checkbox"/>	NON-RESIDENTIAL INSPECTION

SAMPLE

FOR DEPARTMENT USE ONLY

ZONE		HISTORIC APPROVAL REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATED PLANNING CASE NO.	
SPECIAL SETBACKS <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNING FEES REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		COASTAL FEE (CPCE) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO	
SETBACKS		PLANNING REVIEW (PLAN CHECK) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNING ENTITLEMENTS	
F	S	R		<input type="checkbox"/> INCOMPLETE (Not ready for Plan Check Submittal)	<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT REQUIRED
CF TO PL	ZONING CLEARANCE (INIT) & DATE	PLANNING APPR (INIT) & DATE	SUBMITTAL TYPE		
			<input type="checkbox"/> REGULAR	<input type="checkbox"/> EXPRESS	<input type="checkbox"/> OTC <input type="checkbox"/> NR

Planning

		SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> OTC <input type="checkbox"/> NR		PLANNING PROJECT NUMBER	
✓	ITEM	✓	ITEM	✓	ITEM
	ADMINISTRATIVE USE PERMIT (AUP)		SUBDIVISION MAP		SITE PLAN REVIEW (SPR) # OF FEET _____
	CONDITIONAL USE PERMIT (CUP)		LOT MERGER/LOT LINE ADJUSTMENT	<input type="checkbox"/>	CONCEPTUAL ONLY
	STANDARDS VARIANCE (SV)		CERTIFICATE OF COMPLIANCE	<input type="checkbox"/>	PRE-APPLICATION ONLY
	FENCE HEIGHT EXCEPTION (AUP & SV)		CONDOMINIUM CONVERSION	<input type="checkbox"/>	WIRELESS TELECOM
	MODIFICATION OF APPROVED FORM		ZONING CHANGE AND/OR AMENDMENT		CREATIVE SIGN PERMIT
	TIME EXTENSION		LOCAL COASTAL PROGRAM AMENDMENT		SIGN PROGRAM
	LOCAL COASTAL DEVELOPMENT PERMIT		GENERAL PLAN AMENDMENT		
	CONDO CONVERSION EXCLUSION # OF UNITS _____		GENERAL PLAN CONFORMITY FINDING		OTHER _____

Sign

				SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> OTC <input type="checkbox"/> NR		SIGN PROJECT NUMBER	
CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE		EXP. DATE		
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS				
CITY	STATE	ZIP	PHONE		FAX		
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE	TYPE OF BUSINESS		CITY PIN		
ELECTRICAL* YES / NO	SIGN TYPE	VALUE	SQUARE FEET	OVERALL HEIGHT ABOVE GRADE			
1							
2							
3							
4							
5							
6							
7							
8							
TOTAL VALUATION OF ALL SIGNS:							
FOR DEPARTMENT USE ONLY							
<input type="checkbox"/> N = NEW <input type="checkbox"/> E = EXISTING <input type="checkbox"/> D = DEMOLISH/REMOVE <input type="checkbox"/> A = ADD/EXPAND							
PLANNING APPROVAL BY			PLAN STAMPED <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE	

*If signs require electrical hook-up, an electrical permit will also be required.