



Development Permit Application

| General Information | | | PROJECT NUMBER | | <i>Authorization</i> | |
|---|-------|-----|-------------------------------------|--|--|-----------------------------|
| | | | | | <i>Plan Check</i> | <i>Permit Tech</i> |
| 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 | | | <input type="checkbox"/> OWNER | | <input type="checkbox"/> DESIGN PROFESSIONAL | |
| | | | <input type="checkbox"/> AGENT FOR | | <input type="checkbox"/> LESSEE/TENANT | |
| APPLICANT MAILING ADDRESS | | | EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | | FAX | |
| 1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME | | | <input type="checkbox"/> ARCHITECT | | <input type="checkbox"/> CIVIL | |
| | | | <input type="checkbox"/> STRUCTURAL | | <input type="checkbox"/> OTHER | |
| DESIGN PROFESSIONAL MAILING ADDRESS | | | DESIGN PROFESSIONAL EMAIL ADDRESS | | | |
| CITY | STATE | ZIP | PHONE | | FAX | |
| 2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME | | | <input type="checkbox"/> ARCHITECT | | <input type="checkbox"/> CIVIL | |
| | | | <input type="checkbox"/> STRUCTURAL | | <input type="checkbox"/> 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 |
|-----------|------------|------|

Building

SUBMITTAL TYPEREGULAR EXPEDITED OTC NR **BUILDING 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)
 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 | | 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/
AdditionsNew
ConstructionDemolition/
RemovalRemodel/
AdditionsNew
ConstructionDemolition/
Removal

Existing: _____

New/Add/Remodel: _____

Demolition/Removal: _____

Grading

SUBMITTAL TYPEREGULAR EXPEDITED OTC NR **GRADING PROJECT NUMBER**

| | | | | | |
|-----------------|---|--|--|--|--|
| Valuation \$ | GRADING PERMIT (IN CUBIC YARDS) CUT: _____ FILL: _____ EXPORT: _____ IMPORT: _____ | | | | |
|-----------------|---|--|--|--|--|

Fire

SUBMITTAL TYPEREGULAR EXPEDITED OTC NR **FIRE PROJECT NUMBER** Same as Building 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 |

| 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

REGULAR EXPEDITED OTC NR

HEALTH PROJECT NUMBER

Same as Building 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 |
| FOOD FACILITY | | | | | |
| <input type="checkbox"/> | ITEM | | <input type="checkbox"/> | ITEM | |
| <input type="checkbox"/> | RESTAURANT # OF SEATS _____ | | <input type="checkbox"/> | BED & BREAKFAST | |
| <input type="checkbox"/> | SCHOOL CAFETERIA | | <input type="checkbox"/> | FOOD MRKT RETAIL (SQ. FT.) | |
| <input type="checkbox"/> | SATELLITE FACILITY/KIOSK | | <input type="checkbox"/> | CATERER | |
| <input type="checkbox"/> | CONSULTATION | | <input type="checkbox"/> | MENU CHANGE/EQUIPMENT | |
| <input type="checkbox"/> | FOOD VEHICLE | | <input type="checkbox"/> | WAREHOUSE/COMMISSARY | |
| <input type="checkbox"/> | FOOD CART | | <input type="checkbox"/> | SALVAGER | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | OTHER _____ | |
| BACKFLOW | | | | | |
| <input type="checkbox"/> | FOOD FACILITY | | <input type="checkbox"/> | POOL & SPA | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | OTHER _____ | |
| WATER SYSTEMS | | | | | |
| <input type="checkbox"/> | CROSS CONNECTIONS / RECYCLED WATER | | <input type="checkbox"/> | NEW POOL | |
| <input type="checkbox"/> | LOW IMPACT DEV SYSTEM WITH ONSITE WTR REUSE | | <input type="checkbox"/> | NEW SPA | |
| <input type="checkbox"/> | LOW IMPACT DEV SYSTEM WITHOUT ONSITE WTR REUSE | | <input type="checkbox"/> | SEWAGE DISPOSAL SYSTEM | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | REMODEL/REPLASTER – POOL | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | REMODEL/REPLASTER – SPA | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | MINOR REMODEL / EQUIP CHANGE – POOL | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | MINOR REMODEL / EQUIP CHANGE – SPA | |
| BODY ART | | | | | |
| <input type="checkbox"/> | TATTOO SHOP | | <input type="checkbox"/> | OTHER _____ | |

Electrical

SUBMITTAL TYPE

REGULAR EXPEDITED OTC NR

ELEC PROJECT NUMBER

| | | | | | |
|---|-------|-----------|--------------------------|--|-----------|
| CONTRACTOR LAST NAME, FIRST NAME <small>Δ 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 AMPS | | < 1 HP, KW, KVA | | FEET OF BUSWAY ≤ 99 AMP |
| | ≤ 600 V SERVICE 201 – 400 AMP | | 1-10 HP, KW, KVA | | FEET OF BUSWAY 100-400 AMP |
| | ≤ 600 V SERVICE 401 – 1000 AMP | | 11-50 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 | | NUMBER OF OUTLETS/OPENINGS | | |
| | ADDITIONAL SB OR MCC ≤ 600 V | | # BUILDING LIGHTING FIXTURES | | 1 ST OUTLETS ≤ 50 |
| | ADDITIONAL SB OR MCC > 600 V | QTY | MULTI-OUTLET/FIXTURE ASSEMBLIES (EACH 5' OR PORTION THEREOF) | | TEMPORARY OUTLETS > 50 |
| | PANELS (SUBPANELS AND/OR CONTROL PANELS) | | SPEC OUTLETS (INDIV CIRCUITS) | | QTY |
| | # OUTSIDE/PARKING LIGHTING STANDARDS | | 15-30 AMP | | RESIDENTIAL KILOWATTS |
| | | | 31-50 AMP / EVC* | | COMMERCIAL KILOWATTS |
| | | | 51-100 AMP | | |
| | | | > 100 AMP | | |

FOR OFFICE USE ONLY

| | | | | |
|-----------------------------|--|--|--|--|
| # SQ FT FOR TITLE 24 REVIEW | | | | |
|-----------------------------|--|--|--|--|

* 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 |
|---|----------------------------|

| | | | | |
|---|-------|-----------|--------------------------|-----------|
| CONTRACTOR LAST NAME, FIRST NAME <small>Δ 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 24 ENERGY REVIEW | | OTHER _____ |

| | | | | |
|----------------------------|-----------------------------|--|--|--|
| FOR OFFICE USE ONLY | | | | |
| | # SQ FT FOR TITLE 24 REVIEW | | | |

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

Plumbing

| 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 <small>Δ 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 | | CPC EDITION USED |

| 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 OULET | | 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 | | | | | | |

Landscape & Irrigation

SUBMITTAL TYPE
 REGULAR EXPEDITED OTC 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)

RESIDENTIAL
 NON-RESIDENTIAL
 NEW INSTALLATION
 REHABILITATION

| | | | |
|-------------------------------|---------------------------------|--------------------|-----------------------------|
| TOTAL LANDSCAPE AREA SQ FT | SPECIAL LANDSCAPE AREA SQ FT | TURF AREA SQ FT | NON-TURF PLAN AREA SQ FT |
|-------------------------------|---------------------------------|--------------------|-----------------------------|

WATER TYPE:

L ONG BEACH WATER
 OTHER: _____

WATER TYPE: COMPLIANCE METHOD

POTABLE
 RECYCLED
 PERFORMANCE
 PF DESCRIPTIVE
 WELL
 OTHER _____

| ✓ | ITEM | ✓ | ITEM | ✓ | ITEM | ✓ | ITEM |
|---|---------------------------|---|---------------------------|---|-------------------------------|---|-------------------------------|
| | RESIDENTIAL PLAN CHECK | | RESIDENTIAL INSPECTION | | NON-RESIDENTIAL PLAN CHECK | | NON-RESIDENTIAL INSPECTION |

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 | |
|-------------------------------------|--|---|---------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | ITEM | <input checked="" type="checkbox"/> | ITEM | <input checked="" type="checkbox"/> | 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 or SV) | | CONDOMINIUM CONVERSION | <input type="checkbox"/> | WIRELESS TELECOM |
| | MODIFICATION OF APPROVED PERMIT | | 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.



**California Licensed Contractor's Declaration
and Owner-Builder's Declaration**

Address: _____ **Project #:** _____

1. CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name and Address _____

State Contractor's License No. and Class _____ Contractor Signature _____

Long Beach Business License Number _____ Expiration Date _____

2. WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy No. _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier _____ Policy No. _____ Exp Date _____

Name of Agent _____ Tel No _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

3. VERIFICATION OF APPLICATION, LAW COMPLIANCE AND INSPECTION ACCESS.

By my signature below, I certify to each of the following:

- I have read this construction permit application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

I am the California licensed contractor or authorized agent acting on the contractor's behalf.

California Licensed Contractor:

Signature _____ Date _____

Contractor's Authorized Agent:

Name (print) _____ Signature _____ Date _____

Address of Authorized Agent _____

4. DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction-lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address _____

5. CONTRACTOR PERMIT PROXY

If the Contractor does not carry worker's compensation insurance and is not available to personally complete the permit application at the Long Beach City Hall, the above information may be completed and signed by the licensed contractor and submitted by proxy. The application declarations must be completely filled out and signed by the contractor in three (3) appropriate places (California Licensed Contractor's Declaration, Worker's Compensation Declaration and Verification of application, Law Compliance and Inspection Access). **In addition to completing the above information, the contractor must provide a copy of the front and back of the signed contractor's state license card.** Please note that the license holder must sign the reverse side of the state licensed card.

Address: _____

Project #: _____

1. OWNER-BUILDER'S DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).

I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale).

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law).

I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Property Owner or Authorized Agent signature _____ Date _____

2. WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy No. _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier _____ Policy No. _____ Exp Date _____
Name of Agent _____ Tel No _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

3. DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction-lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address _____

By my signature below, I certify to each of the following:

- I have read this construction permit application and the information I have provided is true and correct.
- I agree to comply with all applicable Long Beach City, county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

I am () the property owner or () authorized agent acting on the property owner's behalf.

The Notice to Property Owner form shall accompany this document. The property owner must complete the Authorization of Agent section on the form when an authorized agent is acting on the property owner's behalf.

Signature _____ Date _____

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at longbeach.gov/lbcd 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.



Owner-Builder Permit Proxy Form

NOTICE TO PROPERTY OWNER

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at _____.

We are providing you with an Owner-Builder Acknowledgment and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder.

We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us at our official address indicated. An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION

DIRECTIONS: Read and initial each statement below to signify you understand or verify this information.

___ 1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

___ 2. I understand building permits are not required to be signed by property owners unless they are *responsible* for the construction and are not hiring a licensed Contractor to assume this responsibility.

___ 3. I understand as an "Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.

___ 4. I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

___ 5. I understand if I employ or otherwise engage any persons, other than California licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "employer" under state and federal law.

___ 6. I understand if I am considered an "employer" under state and federal law, I must register with the state and federal government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "employee." I also understand my failure to abide by these laws may subject me to serious financial risk.

___ 7. I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless *all* work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.

___ 8. I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.

____9. I understand I may obtain more information regarding my obligations as an “employer” from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors’ State License Board (CSLB) at 1-800-321-CSLB (2752) or www.cslb.ca.gov for more information about licensed contractors.

____10. I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the following address:

____11. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.

____12. I agree to notify the issuer of this form immediately of any additions, deletions, or changes to any of the information I have provided on this form.

Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors’ State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner-Builder and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers’ compensation insurance coverage.

Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit. Note: A copy of the property owner’s driver’s license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner’s signature.

Signature of property owner _____ Date: _____

Note: The following Authorization Form is required to be completed by the property owner only when designating an agent of the property owner to apply for a construction permit for the Owner-Builder.

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER’S BEHALF

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): _____

Project Location or Address: _____

Name of Authorized Agent: _____ Tel No _____

Address of Authorized Agent: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. *Note: A copy of the owner’s driver’s license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner’s signature.*

Property Owner’s Signature: _____ Date: _____

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at longbeach.gov/lbcd 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.