



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		<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 No

(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 TYPE			
<input type="checkbox"/> REGULAR	<input type="checkbox"/> EXPEDITED	<input type="checkbox"/> OTC	<input type="checkbox"/> 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)				
<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

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

BACKFLOW

<input type="checkbox"/> FOOD FACILITY	<input type="checkbox"/> POOL & SPA	<input type="checkbox"/> OTHER _____
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WATER SYSTEMS

<input type="checkbox"/> CROSS CONNECTIONS / RECYCLED WATER	<input type="checkbox"/> NEW POOL	<input type="checkbox"/> REMODEL/REPLASTER – POOL
<input type="checkbox"/> LOW IMPACT DEV SYSTEM WITH ONSITE WTR REUSE	<input type="checkbox"/> NEW SPA	<input type="checkbox"/> REMODEL/REPLASTER – SPA
<input type="checkbox"/> LOW IMPACT DEV SYSTEM WITHOUT ONSITE WTR REUSE	<input type="checkbox"/> SEWAGE DISPOSAL SYSTEM	<input type="checkbox"/> MINOR REMODEL / EQUIP CHANGE – POOL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MINOR REMODEL / EQUIP CHANGE – SPA

BODY ART

<input type="checkbox"/> TATTOO SHOP	<input type="checkbox"/>	<input type="checkbox"/> OTHER _____
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Electrical

SUBMITTAL TYPE				ELEC PROJECT NUMBER	
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 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)
			NUMBER OF OUTLETS/OPENINGS		
	ADDITIONAL METERS		# BUILDING LIGHTING FIXTURES		1ST 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				

* 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 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	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
# 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			
<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

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		PLANNING PROJECT NUMBER	
		<input type="checkbox"/> REGULAR <input type="checkbox"/> OTC <input type="checkbox"/> NR			
✓	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 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		SIGN PROJECT NUMBER	
		<input type="checkbox"/> REGULAR <input type="checkbox"/> OTC <input type="checkbox"/> NR			
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.