

Building

SUBMITTAL TYPE REGULAR 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) <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 REGULAR 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"/>	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 _____
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 _____

Electrical

SUBMITTAL TYPE

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ELEC PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont			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		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		1ST 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

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MECH PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont			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

REGULAR EXPEDITED OTC NR

PLMB PROJECT NUMBER

CONTRACTOR LAST NAME, FIRST NAME <input type="checkbox"/> Same as Building Cont			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)						
<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"/> LONG 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				
<input checked="" type="checkbox"/>	ITEM	<input checked="" type="checkbox"/>	ITEM	<input checked="" type="checkbox"/>	ITEM	<input checked="" type="checkbox"/>
	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 <input type="checkbox"/> INCOMPLETE (Not ready for Plan Check Submittal) <input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT REQUIRED
F	S	R			
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 <input type="checkbox"/> PRE-APPLICATION ONLY <input type="checkbox"/> WIRELESS TELECOM	
	STANDARDS VARIANCE (SV)		CERTIFICATE OF COMPLIANCE		
	FENCE HEIGHT EXCEPTION (AUP or SV)		CONDOMINIUM CONVERSION		
	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.

____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 562.570.5223. A minimum of three business days is requested to ensure availability attempts will be made to accommodate requests with shorter notice