



APP-012
Express Electrical Permit Application

GENERAL INFORMATION				PROJECT NUMBER	AUTHORIZATION	
					Permit Tech	
PROJECT ADDRESS (not mailing address)			PROJECT NAME (if any)			
LEGAL DESCRIPTION (i.e., Lot, Block, Tract, APN, etc.)						
CONSTRUCTION VALUATION \$	USE(S) / OCCUPANCY(IES) (check all boxes that apply)					
	<input type="checkbox"/> One-/Two-Family Dwelling (R-3)	<input type="checkbox"/> Office (B)	<input type="checkbox"/> Storage/Warehouse (S-1)(S-2)			
	<input type="checkbox"/> ADU/JADU (R-3)	<input type="checkbox"/> Retail (M)	<input type="checkbox"/> Industrial/Manufacturing (F-1)(F-2)			
	<input type="checkbox"/> Apartment/Condominium (R-2)	<input type="checkbox"/> Restaurant (A-2)(B)	<input type="checkbox"/> Other:			
	<input type="checkbox"/> Hotel/Motel (R-1)	<input type="checkbox"/> Assembly (A-1)(A-2)(A-3)	<input type="checkbox"/> Other:			
	<input type="checkbox"/> Assisted Living Facility (R-2.1)(R-4)	<input type="checkbox"/> Parking Garage (U)(S-2)	<input type="checkbox"/> Other:			
APPLICANT (first name and last name)				<input type="checkbox"/> Agent For	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Design Professional
					<input type="checkbox"/> Tenant / Lessee	<input type="checkbox"/> Contractor
APPLICANT MAILING ADDRESS				APPLICANT EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE #	FAX #		
PROPERTY OWNER (first name and last name)				<input type="checkbox"/> Sole	<input type="checkbox"/> LLC / Corporation	
				<input type="checkbox"/> Partners	<input type="checkbox"/> Trust	
PROPERTY OWNER MAILING ADDRESS				PROPERTY OWNER EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE #	FAX #		
CONTRACTOR (first name and last name)			TYPE OF BUSINESS	CITY PIN (if applicable)		
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS			
CITY	STATE	ZIP	PHONE #	FAX #		
CITY BUSINESS LICENSE #	EXPIRATION DATE	STATE LICENSE # AND TYPE		EXPIRATION DATE		

(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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Description Number	<p style="text-align: center;">EXPRESS ELECTRICAL PERMIT ¹</p> <p style="text-align: center;">Fill in the blank field(s) and/or check the applicable box(es).</p>	One-Family Dwelling	Two-Family Dwellings	Multi-Family Dwellings	Nonresidential Buildings
		check applicable box			
E1	Existing Electrical Service. Alter, repair or replace existing [specify capacity] _____ electrical service with same size, number, type and location of existing service. No upgrade permitted for multi-family dwellings. (Note: Max. 600V or max. 400A.)				X
E2	Existing Electrical Service. Alter, repair or replace existing [specify capacity] _____ electrical service with same size, number, type and location of existing service. (Note: Max. 600V or max. 400A. Does not cover work at hazardous location or within H occupancy building.)	X	X	X	
E3	Existing Electrical Wiring. Alter, repair or replace existing electrical wiring of the same size, number, type and location or proximity.				X
E4	Existing Electrical Wiring. Alter, repair or replace existing electrical wiring of the same size, number, type and location or proximity. Exclude wiring that support lighting fixture(s) or control system(s).	X	X	X	
E5	Existing Lighting Fixture(s)/Receptacle(s). Alter, repair or replace [specify quantity] _____ existing lighting fixture(s)/receptacle(s) with the same fixture/receptacle type, voltage and wattage at the same location or proximity.				X
E6	Existing Lighting Fixture(s)/Receptacle(s). Alter, repair or replace [specify quantity] _____ existing lighting fixture(s)/receptacle(s), less than 10% of total fixtures, with the same fixture/receptacle type, voltage and wattage at the same location or proximity.	X	X	X	
E7	Low Voltage Electrical Wiring. Install new or alter, repair or replace existing low voltage electrical wiring. Max. 120V. No penetration(s) into fire-rated assembly.				
E8	Meter Re-Connection or Reset.				
E9	Replace Electrical Subpanel. Install [check one box] <input type="checkbox"/> new or <input type="checkbox"/> replace existing electrical subpanel. Total connected load shall not exceed 400A. (Note: Max. 600V or max 225A.)				X
E10	New Electrical Vehicle Charging Station and Supply Equipment. Install [check one box] <input type="checkbox"/> one or <input type="checkbox"/> two EVCS with [check one box] <input type="checkbox"/> 15A, <input type="checkbox"/> 20A, <input type="checkbox"/> 30A, <input type="checkbox"/> 40A, or <input type="checkbox"/> 50A rated EVSE located at [specify location] _____ [check if included] <input type="checkbox"/> including a panel upgrade to [specify size] _____ A. Comply with IB-049 and FORM-019 .			X	X
E11	New Electrical Vehicle Charging Station and Supply Equipment. Install [check one box] <input type="checkbox"/> one or <input type="checkbox"/> two EVCS with [check one box] <input type="checkbox"/> 15A, <input type="checkbox"/> 20A, <input type="checkbox"/> 30A, <input type="checkbox"/> 40A, or <input type="checkbox"/> 50A rated EVSE located at [specify location] _____. Comply with IB-049 and [specify form] <input type="checkbox"/> FORM-037 or <input type="checkbox"/> FORM-038.	X	X		
E12	New Rooftop Mounted Solar PV System. Install [specify info] _____ kW DC, _____ kW AC, _____ module(s), _____ micro-inverter(s), _____ combiner box(es), [check if included] including <input type="checkbox"/> a panel upgrade to [specify size] _____ A and/or <input type="checkbox"/> an energy storage system [specify size] _____ kWh. Comply with IB-023 and FORM-016 .			X	X

FOOTNOTE:

1. Comply with all mandatory feature energy requirement contained in the 2022 Edition of the California Building Energy Efficiency Standards, CCR Title 24, Part 6 (a.k.a., California Energy Code).

Refer to Information Bulletin [IB-058](#) for additional information on simple construction projects that qualify for the Express Permit Service. If the project does not qualify, it will be necessary to submit the construction documents for plan review through the Over-the-Counter Plan Review Service or the Submitted Regular Plan Review process. Refer to longbeach.gov/lbcd/building/plan-review-service for additional information.

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.