

Special Inspection Request

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY

Project Address:		Project No.:		Date:
Owner/Applicant's Name:			Phone:	
Address:		City, State, Zip:		
Proposed Use of Building		Present Use of Building		
Type of Inspection:				
	Building		Combination	
	Electrical		Change of Occupancy	
	Plumbing		Condo Conversion	
	Mechanical		Number of Units _____	
We recommend that you contact your field inspector prior to requesting the inspection. The 24-hour automated inspection request line is (562) 570-6105.				
Information Needed:				

Signature of Owner/Applicant				
Planner:		Zone:		Date Received:
Inspector's Report:				

<input type="checkbox"/> Additional Pages Attached				
Inspector's Signature			Date:	



City of Long Beach

411 W. Ocean Blvd., 3rd Floor

Long Beach, CA 90802

Visit us at longbeach.gov/lbcd



This information is available in alternative format by request at 562.570.3807.

For an electronic version of this document, visit our website at longbeach.gov/lbcd.

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