



APP-013
Express Plumbing 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 |
| | | |

| Description Number | EXPRESS PLUMBING PERMIT ^{1, 2} Fill in the blank field(s) and/or check the applicable box(es). | One-Family Dwelling | Two-Family Dwellings | Multi-Family Dwellings | Nonresidential Buildings |
|--------------------|---|----------------------|----------------------|------------------------|--------------------------|
| | | check applicable box | | | |
| P1 | New or Re-Pipe Domestic Water. Install [check one box] <input type="checkbox"/> new or <input type="checkbox"/> re-piping of domestic water line with approved piping material. | | | | |
| P2 | New or Adding Plumbing Fixture(s). Install new or add [specify quantity] _____ plumbing fixture(s) within [specify location] _____. | | | | |
| P3 | Alteration of Plumbing Fixture(s). Remove or replace [specify quantity] _____ existing plumbing fixture(s) of the same size, type, and location. | | | | |
| P4 | Low-pressure steel gas piping system. Install low-pressure steel gas piping system with [specify quantity] _____ outlet(s). (Note: Max. 5 outlets.) | | | | |
| P5 | Drain System(s). Install gravity drainage system with [specify size] _____ inch for building drain. | | | | |
| P6 | Sewer Cap Installation. Install [specify quantity] _____ sewer cap(s) to the end of the building drain(s). | | | | |
| P7 | Sub-Meter(s) Installation. Install [specify quantity] _____ sub-meter(s) for domestic water line. | | | | |
| P8 | Water Heater Installation. Replace [specify quantity] _____ existing water heater(s) [specify capacity] _____ btu/hr with the same size, type and location. (Note: Max. 200,000 btu/hr.) | | | | |
| P9 | Sewer Alteration. Alter, repair or replace existing sewer line. | | | | |
| P10 | Seismic Shut-Off Valve(s). Install [specify quantity] _____ seismic shut-off valve(s) to match size of the existing gas main. | | | | |
| P11 | Meter Reset. Witness test for [specify quantity] _____ gas meter(s) reset. | | | | |
| P12 | Swimming Pool Repair. Replace and/or repair existing pool/spa piping (i.e. return lines, suction lines, and drains). Comply with IB-022 . | | | | |

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).
2. Plumbing fixtures and faucets provided shall comply with water-conserving requirement contained in the 2022 Edition of the California Plumbing Code.

Refer to Information Bulletin [IB-058](#) for additional information on simple construction projects that qualify for the Express Permit Service. If it 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/lbds/building/plan-review-service for additional information.

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