



City of Long Beach  
**Planning & Building Department**  
 333 W. Ocean Blvd., 4th Floor  
 Long Beach, CA 90802  
 (562) 570-6651 Fax: (562) 570-6753

# Building Permit Application

APP-010 ver. 02.10.03

<b>PLEASE PRINT CLEARLY</b>					Project No.		Approved for PC Only		
1. PROJECT ADDRESS (NOT MAILING ADDRESS)			SUITE/UNIT NO.		DATE / /				
2. APPLICANT LAST NAME-FIRST NAME					PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR				
3. APPLICANT MAILING ADDRESS				E-MAIL ADDRESS					
4. CITY-STATE		ZIP	PHONE			FAX			
5. CONTRACTOR LAST NAME-FIRST NAME					STATE LICENSE NO. & TYPE				
6. CONTRACTOR MAILING ADDRESS				E-MAIL ADDRESS					
7. CITY-STATE		ZIP	PHONE			FAX			
8. CONTACT PERSON LAST NAME-FIRST NAME									
9. CONTACT PERSON MAILING ADDRESS				E-MAIL ADDRESS					
10. CITY-STATE		ZIP	PHONE			FAX			
11. DESCRIPTION OF WORK									
12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION	CBC EDITION USED	NO. OF STORIES	CHANGE OF OCCUPANCY FROM: TO:				
13. TOTAL SQUARE FEET OF THIS PROJECT									
COMM.		RES.	GAR.		MISC.				
14. VALUATION OF WORK COVERED BY THIS APPLICATION \$			NO. OF DWELLING UNITS	PRESENT USE	PROPOSED USE				
15. FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO			16. FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO		17. FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO				
18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.									
SIGNATURE:					DATE:				
<b>FOR DEPARTMENT USE ONLY</b>							ISSUED BY (INITIALS)		
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CFTO PL	HISTORIC STAMP REQ'D	PLANNING PC FEES REQ'D	ZONING APPRV'D	PLANNING STAMP REQ'D
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:									
<input type="checkbox"/> Contractor with Workers' Compensation			<input type="checkbox"/> Contractor without Workers' Compensation						
<input type="checkbox"/> Developer with Workers' Compensation			<input type="checkbox"/> Developer without Workers' Compensation						
<input type="checkbox"/> Owner with Workers' Compensation			<input type="checkbox"/> Owner without Workers' Compensation						
Workers' Compensation Company Name				Expiration Date / /		Policy No.			
<p>This information is available in alternative format by request to the Development Services Center at          (562) 570-6651 or (562) 570-6793 TDD. Visit our website at <a href="http://www.longbeach.gov/plan">www.longbeach.gov/plan</a></p>									