



Los Angeles County Public Works Building and Safety Division

Plan Check/Permit No. UNC- _____

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

APPLICATION FOR BUILDING PERMIT / PLAN CHECK

JOB ADDRESS: _____ UNIT _____

CITY/LOCALITY: _____ APN: _____

SCOPE OF WORK:

VALUATION: \$ _____

PROPERTY OWNER

NAME: _____ OWNER BUILDER: YES ☐ NO ☐

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

APPLICANT INFORMATION (if different from owner)

NAME: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

LICENSE: _____ CLASSIFICATION: _____ EXP DATE: _____ / _____

WORK COMP CARRIER: _____ POLICY #: _____ EXP DATE: _____ / _____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

STATE LICENSE #: _____ EXP DATE: _____ / _____

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Regional Planning, Fire Department, Health Department, and any other agencies indicated on the agency referral form are required prior to the issuance of the building/grading permit. I hereby choose to submit plans for building/grading plan check prior to obtaining the necessary approvals of the agencies provided on the agency referral form. Furthermore, I am aware that if the building/grading plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

APPLICANT / OWNER SIGNATURE: _____ DATE: _____

NEW / ADDITION / REMODEL / TENANT IMPROVEMENT TABLE

WORK TYPE (NEW, ADD, REMODEL)	FLOOR TYPE (BASEMENT, FLOOR,	FLOOR LEVEL	CONST TYPE	OCC GROUP	SQ FT	DESCRIPTION / USE
ENERGY REVIEW ☐			ACCESSIBILITY REVIEW ☐			

RETAINING WALL / BLOCK WALL / FENCE TABLE

WALL TYPE (CHAIN LINK, CMU BLOCK, CONCRETE, ETC.)	LENGTH	TOTAL HEIGHT	RETAINING HEIGHT	NOTES

SIGN TABLE

[illegible]