B

CITY LA DBS
DEPARTMENT OF BUILDING AND SAFETY

APPLICATION FOR

BUILDING PERMIT OR GRADING & CERTIFICATE OF OCCUPANCY

FOR OFFICE USE ONLY

PCAM #: _____ Q-Matic #: _____

PCIS #: _____

LADBS Express Permit may be obtained online at LADBS.ORG

PROJECT ADDRESS

_____ _____ _____ _____
Number & Street Name   City   Zip Code   Unit No.

WORK DESCRIPTION Briefly describe the scope of work:

USE OF BUILDING:

Existing Use:
☐ Single Family Dwelling ☐ Duplex
☐ Apartment/Condo ☐ Commercial
☐ Other: _____

Proposed Use:
☐ Single Family Dwelling ☐ Duplex
☐ Apartment/Condo ☐ Commercial
☐ Other: _____

PDPP:
☐ Zoning ☐ Life Safety ☐ Structural
☐ Other: _____

Number of Buildings on property and their use: _____

PROJECT VALUATION: $ _____ (_____ OF _____)

APPLICANT

_____   _____
Name   Email

_____   _____   _____
Number & Street Name   City & Zip Code   Phone Number

☐ **Agent for Owner/Builder**. Original authorization letter and Owner-Builder Declaration will be required at the time the permit is issued.
☐ **Agent for Contractor**. A current, original notarized authorization letter dated within the past year will be required at the time the permit is issued.
☐ Architect ☐ Contractor ☐ Developer ☐ Engineer ☐ Owner ☐ Owner-Builder ☐ Tenant

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PROPERTY OWNER

_____   _____   _____   _____
Name   Number & Street Name   City & Zip Code   Phone Number

CONTRACTOR

_____   _____   _____   _____
Name   Number & Street Name   City & Zip Code   Phone Number

_____   _____   _____   _____
City of L.A. Business Tax Number   State License Number   Class   Waste Hauler

_____   _____   _____
Worker's Compensation Carrier   Policy Number   Expiration Date

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ARCHITECT

_____   _____   _____
Name   State License Number   Expiration Date

_____   _____   _____
Number & Street   City & Zip Code   Phone Number

ENGINEER

_____   _____   _____
Name   State License Number   Expiration Date

_____   _____   _____
Number & Street   City & Zip Code   Phone Number

TENANT

_____   _____
Name   Phone Number

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities.

GRADING PRE-INSPECTION INFORMATION

Hillside Grading: ☐ Yes ☐ No

☐ The site is accessible by the Department Inspector at all times.

☐ The site is not accessible by the Department Inspector at all times (i.e. loose dogs, locked gates, etc.).

If not accessible, please provide the name and phone number of a contact person for grading Inspector to call to obtain access to the property:

Name: _____ Phone: _____

Is the site larger than one acre: ☐ Yes ☐ No

PLEASE NOTE that a $65.00 re-inspection fee will be charged if the inspector cannot access the site on the first visit and delays in the plan review may result.

FOR OFFICE USE ONLY

☐ Single Family Dwelling/Duplex   ☐ Apartment/Condo   ☐ Commercial
☐ Earthquake (Retrofit Only)   ☐ Major Structure

☐ Building – New   ☐ Grading Permit   ☐ Non-Building – Addition
☐ Building – Addition   ☐ Sign Permit   ☐ Non-Building – Alter/Repair
☐ Building – Alter/Repair   ☐ Swimming – Pool/Spa   ☐ Non-Building – Demolition
☐ Building – Demolition   ☐ Non-Building – New   ☐ Building – Use of Land

DOCUMENT CHECKLIST:

Sets of Plans: ☐ Structural Plan Check   ☐ Disabled Access Plan   ☐ Zoning Plan Check
☐ Grading Pre-Inspection (GPI)   ☐ Green Building (Mandatory) (Tier 1) (Tier 2)

☐ Structural Calculation   ☐ Joint Referral Form   ☐ Methane Report
☐ Soil/Geology Report   ☐ Mulholland Referral Form   ☐ LAHD Checklist
☐ Energy Calculation   ☐ City Planning Case(s)   ☐ Modification(s)
☐ Hillside Referral Form   ☐ GPI Report/Posting   ☐ TOC Application Form
☐ Slope Band Analysis   ☐ Lateral Support Review Acknowledgment
☐ Others: _____

PROJECT VALUATION & FEE INFORMATION:

Fee Period: ☐ Submittal Fees   ☐ Submittal 2 Fees
☐ Handicap Surcharge   ☐ Energy Surcharge
☐ Green Building Fee

D	A	C	AR	AD	AC	RW	G	SP	S	X

☐ REGULAR P.C.   ☐ ECPC   ☐ AB 2234: 25 units or less

☐ EXPEDITE   ☐ OTC   ☐ AB 2234: 26 units or more

Engineer: _____   **Hours** _____

Pre-Inspection Reports:
☐ DPI   ☐ SPI   ☐ GPI
☐ Posting Required   ☐ Oak Tree (OTPI)

For Cashier's Use Only

Sample