



**CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
SPECIAL FEES**

Board File #	
Council District #	
District Office	
Plan Check #	
Permit #	

JOB ADDRESS: _____
 NUMBER DIRECTION STREET NAME STREET TYPE

PROPERTY OWNER/APPLICANT:

Name: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ Email: _____

BUREAU	TYPE	ACTIVITY
<input type="checkbox"/> Inspection <input type="checkbox"/> Engineering <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Resource Mgt. <input type="checkbox"/> Commission	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> Building <input type="checkbox"/> Earthquake <input type="checkbox"/> Grading <input type="checkbox"/> Elevator <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____ <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Electrical Test Lab <input type="checkbox"/> Mechanical Test Lab

PURPOSE: _____

FEE

Board Field Inspection LAMC 98.0403.2(a)	_____
Supplemental Inspections LAMC 98.0412:	
Minimum Inspection	_____
Additional Inspection	_____
Misc. Permit Inspection	_____
Special Equipment	_____
Off-Site Inspection	_____
Witnessing Performance Test	_____
Off-Hours Inspection LAMC 98.0406:	
Minimum Fee	_____
Over Min. @ \$___/hr x ___ hrs	_____
Investigation LAMC 98.0402	_____
Supplementary Time Charges	_____
Pre-Inspection Fee	_____
Other	_____
_____	_____
_____	_____
_____	_____

Fee Determination by: _____
 Employee I.D. #: _____
 Telephone: _____
 Date: _____
 Off-Hours Approved by: _____
Attach copy to approved OT request
 Date Inspection Requested: _____

Cashier's Use Only:

Distribution: Bureau - White
 Customer - Yellow
 Cashier - Pink

SUBTOTAL
Applicable surcharges
 will be added by cashier