

JOB ADDRESS:_

CITY OF LOS ANGELES DEPARTMENT OF BUILDING AND SAFETY SPECIAL FEES

DIRECTION

Email:		
City:	Zip:	
STREET NAME		STREET TYPE
	Permit #	
S ID SAFETY	Plan Check #	
	District Office	
	Council District #	
	Board File #	

PROPERTY OWNER/APPLICANT:

NUMBER

Name:				
Address:		City:	Zip:	
Telephone:		Email:		
BUREAU	TYPE	ļ	ACTIVITY	
Inspection Engineering Code Enforcement Resource Mgt. Commission	Residential Non-Residential	Building Earthquake Grading Elevator Pressure Vessel Other		
PURPOSE:				
FEE Board Field Inspection LAMC	98.0403.2(a		nination by:	
Supplemental Inspections LAI	MC 98.0412:	Employee	I.D. #	
Minimum Inspection		Telephone	:	
Misc. Permit Inspection		Date:		
Special Equipment			Approved by:	
Witnessing Performance	e Test		ection Requested:	
Off-Hours Inspection LAMC 98.0406: Minimum Fee Over Min. @ \$/hr xhrs			Cashier's Use Only:	
Investigation LAMC 98.0402				
Supplementary Time Charges	;			
Pre-Inspection Fee				
Written Report Fee				
Other				
Distribution: Bureau - White Customer - Yellow Cashier - Pink	Applicable surcharges will be added by cashier			