

LA DBS
DEPARTMENT OF BUILDING AND SAFETY

APPLICATION FOR PLUMBING PERMIT OR PLUMBING PLAN CHECK For Plumbing Code questions call (213) 482-0061

FOR OFFICE USE ONLY									
PCAM #:	Q-Matic #:								
PCIS #:									
LADBS Express Permit may be obtained online at LADBS ORG									

	destions can (210) 402-000	·						
PROJECT ADDRESS								
Number & Street Name	-	City		Zip	Code	Unit No.		
WORK DESCRIPTION Briefly describe the scope of work:		☐ Si (S	Check one: Single Family Dwelling (S.F.D.) /Duplex Apartment/Condo Retail, Office, Warehouse		Food & Beverage Facilities: Approval required from L.A. County Health Dept. (626) 430-5565 and L.A. City Bureau of Sanitation Industrial Waste (323) 342-6200.			
APPLICANT								
Name	Name Number & Street N			lame				
City & Zip Code		Number		Email				
Owner/Builder Agent. Original author								
Contractor Agent. A current, original	notarized authorization letter	r dated within	the past year is requ	ired at the p	ermit issuai	nce.		
PROPERTY OWNER								
Name	* Number & Street Name		* City & Zip Code			ne Number		
* Same as Project Address. The property owner may obtain a permit as Owner/Builder on a Single Family Dwelling if they can provide proof of ownership AND proof that they currently reside at the project address and have lived at that address for at least 12 months.								
CONTRACTOR								
Name	Number & Street Name		City & Zip Code		Phone Number			
City of L.A. Business Tax Number	State License Number		** Class		Email			
Worker's Compensation Carrier	Policy Number		Expiration Date		_			
** General Contractor must obtain a per					pentry for the same project address.			
ARCHITECT or ENGINEER								
Name	Number & Street Name		City & Zip Code		Phone Number			
State License Number			Expiration Date					
APPLICATION PROCESSING IN	JEORMATION .		For Cashier'	s Use Only	,			
OK for Cashier:	Date:			,				
Permit Fee – Subtotal			=					
Permit Issuing Fee			7					
Permit Supplemental Issuing Fee			i i					
Permit Investigation Fee]					
Plan Check Fee – Subtotal			_					
Additional Plan Check Hours			기					
Off-Hour Plan Check			7 i					

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.

PERMIT LIST OF EQUIPMENT

Please enter the number of items in each box below. Leave blank if not applicable.

Any entry in these boxes [____ may require plan check.

Install Original (New) Fixtures – A Building Permit is Required							
Bathtubs	Clothes Washers	Dental Units/ Cuspidors	Dish Washers	Drinking Fountains	Floor Drains/ Sinks	Garbage Disposals	
Kitahan Oisha	Other Sinks/	01	Tailata	I lain a la	All Other		
Kitchen Sinks	Lavatories	Showers	Toilets	Urinals	Fixtures		
Replace or Rem	ove Existing Fixture	es					
Bathtubs	Clothes Washers	Dental Units/ Cuspidors	Dish Washers	Drinking Fountains	Floor Drains/ Sinks	Garbage Disposals	
	Wushers	Guspidors		Touritains	Ciliko	Біорозаіз	
Kitchen Sinks	Other Sinks/ Lavatories	Showers	Toilets	Urinals	All Other Fixtures		
	Lavatories				Fixtures		
Water Heaters a Water Heater and Vent	Earthquake Exc		Pressure Number ulator ⁽¹⁾ Gas Outle			Heat nk Exchanger	
Potable Water S Vacuum Break Hose Bibb Re-Pipe (No. of Fixtures)	~	Booster P	Ustribution Water Using		nkler Lawn S	Pressure Regulating Valve prinkler Control VB (Non-Hillside)	
Sewer and Wast	e						
Backwater Valves Sewage Ejectors	Drains Greater		Industrial Waste Number nection to lic Sewer (Enter	Graywate Piping Syste L Engineering Sew red by Department	ems Grease Trap	Manhole Dry Sewer	
Pool and Spa		Systems	Rainwater Sy				
Public Pool/\$	Spa Sola	ar Water Heating System	Rain Water D		ıbsurface age Systems	Sump Pumps	
Miscellaneous				Plan Check In	dicators		
Change of Address	Extra Trip	Misc. Permit	Transfer of Permit	Hot and Cold Water Only	Hot or Cold Water Only	Waste or Vent Only	
Plan Check Item							
Combo Waste & Vent System		ly Irrigation Square				sump Pump or age Ejector Syst.	

- (2) Water systems having 2" or larger service may require Plan Check.
- (3) 120 gallons or less.
- (1) Medium & high pressure gas and methane systems may require Plan Check. (4) A new device or system requires Plan Check.
 - (5) Includes roof drains, area drains, deck drains, emergency drains, etc.