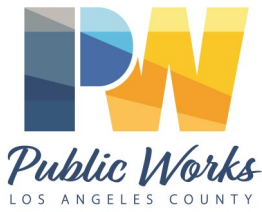


THE INFORMATION CALLED FOR IN THIS EXAMPLE APPLICATION IS IDENTICAL TO THE INFORMATION REQUIRED IN LA COUNTY'S ONLINE APPLICATION.

APPLICANTS MAY SUBMIT AN ONLINE APPLICATION AT EPICLA.LACOUNTY.GOV



Los Angeles County Building and Safety

Plan Check/Permit No. UNC-_____

Disclaimer: Permits are public records and may be posted to t

APPLICATION FOR PLUMBING PERMIT

JOB ADDRESS: 123 Example St UNIT _____

CITY/LOCALITY: ExampleTown APN: _____

SCOPE OF WORK: Plumbing work for new apartment building

PROPERTY OWNER

NAME: Jane Example OWNER BUILDER: YES NO

ADDRESS: 123 Example St PHONE: (111) 111-1111

CITY: ExampleTown STATE/ZIP: CA EMAIL: Example@internet.com

APPLICANT INFORMATION (if different from owner)

NAME: _____

ADDRESS: _____ PHONE: () -

CITY: _____ STATE/ZIP: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: Construction Company Name

ADDRESS: 123 Construction St PHONE: (222) 222-2222

CITY: ConstructionTown STATE/ZIP: CA EMAIL: Example@construction.com

LICENSE #: 123456 CLASSIFICATION: B EXP DATE: DEC / 2025

WORK COMP CARRIER: Insurance Company Name POLICY #: ABCD123456 EXP DATE: DEC / 2025

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: Design Company Name

ADDRESS: 123 Design St PHONE: (333) 333-3333

CITY: DesignTown STATE/ZIP: CA EMAIL: Example@design.com

STATE LICENSE #: C-12345 EXP DATE: DEC / 2025

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Plumbing 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: Jane Example DATE: 01/01/2024

PL01 BACKWATER VALVES	_____ Each	PL19 WATER HEATER	_____ <u>2</u> Each
PL02 BACKFLOW PREV. DEVICE/SPRINKLER	_____ Each	PL20 WATER TREATING EQUIPMENT	_____ Sys(s)
PL03 BATHTUB / SHOWER	_____ <u>18</u> Each	PL21 LOW PRES GAS SYSTEM W/<= 5 OUTLETS	_____ <u>2</u> Sys(s)
PL04 CLOTHESWASHER (TRAY / STANDPIPE)	_____ <u>10</u> Each	PL22 ADDITIONAL LOW PRES. OUTLETS > 5	_____ Each
PL05 DISHWASHER	_____ <u>10</u> Each	PL23 MED/HIGH PRESSURE GAS SYSTEM	_____ Sys(s)
PL06 DRINKING FOUNTAIN	_____ Each	PL24 ADDITIONAL FEE FOR EACH OUTLET	_____ Each
PL07 FLOOR DRAIN	_____ <u>1</u> Each	PL25 GAS METER (PRIVATE)	_____ <u>11</u> Mtr(s)
PL08 FLOOR SINKS	_____ Each	PL26 GAS REGULATOR	_____ Reg(s)
PL09 HOSE BIBB	_____ Each	PL27 DRAINAGE/VENT PIPE REPAIR/ALT	_____ Sys(s)
PL10 INTERCEPTOR (CLARIFIER)	_____ Sys(s)	PL28 GREYWATER SYSTEM	_____ Sys(s)
PL11 LAVATORY / SINK	_____ <u>18</u> Each	PL29 WATER PIPE REPLMNT (BRANCH / FIX)	_____ Each
PL12 MISCELLANEOUS FIXTURE	_____ <u>4</u> Each	PL30 OTHER WATER PIPINIG <=1 1/2 INCH	_____ Line(s)
PL13 PRESSURE REG.—PRV / WATER	_____ Each	PL31 OTHER WATER PIPING 2-3 INCH	_____ Line(s)
PL14 ROOF DRAIN	_____ <u>10</u> Each	PL32 OTHER WATER PIPING OVER 3 INCH	_____ Line(s)
PL15 SOLAR WATER HEATING SYSTEM	_____ Sys(s)		
PL16 SWIM POOL TRAP AND RECPTOR	_____ Sys(s)		
PL17 TRAP PRIMER	_____ <u>1</u> Sys(s)		
PL18 WATER CLOSET / URINAL / BIDETS	_____ <u>18</u> Each		

FOR BUILDING AND SAFTEY USE

PL33 ADDNL PC (COMB WASTE & VENT)	_____ Sys(s)	PL41 PC INVD GREYWATER SYSTEM	_____ Sys(s)
PL34 ADDNL PC EARTHQUAKE VALVE ONLY	_____ Each	PL42 SUPPLEMENTAL PLANCHECK FEE	_____ Hour(s)
PL35 ADDNL PC (CHEMICAL WASTE)	_____ Sys(s)	PL43 INVEST NO PERMIT R3 OWNER-BLDR	_____ Each
PL36 ADDNL PC (RAINWATER SYSTEM)	_____ Sys(s)	PL44 INVESTIGATION FEE (OTHER OCC)	_____ Each
PL37 PC INVD COMBO WASTE & VENT	_____ Sys(s)	PL45 NON-COMPLIANCE (R-3 OCCUPANCY)	_____ Each
PL38 PC INVD EARTHQUATE VALVE GAS SY	_____ Each	PL46 NON-COMPLIANCE (OTHER OCCUPANCY)	_____ Each
PL39 PC INVD CHEMICAL WASTE SYSTEM	_____ Sys(s)	PL47 BOARD OF APPEALS FEE	_____
PL40 PC INVD RAINWATER SYSTEM	_____ Sys(s)	PL48 PC ALT MTL/MTH/MDF 1ST CRG 2HR MIN.	_____ Hour(s)