



# Los Angeles County Public Works Building and Safety Division

Plan Check/Permit No. UNC- \_\_\_\_\_

*Disclaimer: Permits are public records and may be posted to the Internet for Public review.*

## APPLICATION FOR BUILDING PERMIT / PLAN CHECK

JOB ADDRESS: \_\_\_\_\_ UNIT \_\_\_\_\_

CITY/LOCALITY: \_\_\_\_\_ APN: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

VALUATION: \$ \_\_\_\_\_

### PROPERTY OWNER

NAME: \_\_\_\_\_ OWNER BUILDER: YES  NO

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### APPLICANT INFORMATION (if different from owner)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### CONTRACTOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSE: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ / \_\_\_\_\_

WORK COMP CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ / \_\_\_\_\_

### ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ / \_\_\_\_\_

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Regional Planning, Fire Department, Health Department, and any other agencies indicated on the agency referral form are required prior to the issuance of the building/grading permit. I hereby choose to submit plans for building/grading plan check prior to obtaining the necessary approvals of the agencies provided on the agency referral form. Furthermore, I am aware that if the building/grading 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: \_\_\_\_\_ DATE: \_\_\_\_\_

