



Los Angeles County  
Building and Safety

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

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

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](http://EPICLA.LACOUNTY.GOV)

APPLICATION FOR BUILDING PERMIT /

JOB ADDRESS: 123 Example St UNIT \_\_\_\_\_

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

SCOPE OF WORK: New 3-story 10 unit apartment building

VALUATION: \$ 2,558,710

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 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: Jane Example DATE: 01/01/2024

**NEW / ADDITION / REMODEL / TENANT IMPROVEMENT TABLE**

<b>WORK TYPE</b> (NEW, ADD, REMODEL)	<b>FLOOR TYPE</b> (BASEMENT, FLOOR,	<b>FLOOR LEVEL</b>	<b>CONST TYPE</b>	<b>OCC GROUP</b>	<b>SQ FT</b>	<b>DESCRIPTION / USE</b>
Multifamily New Construction	Floor	1	I-A	S-2	5,873	Parking garage
Multifamily New Construction	Floor	2	V-B	R-2	5,371	New units
Multifamily New Construction	Floor	3	V-B	R-2	5,371	New units
<b>ENERGY REVIEW</b> <input checked="" type="checkbox"/>			<b>ACCESSIBILITY REVIEW</b> <input checked="" type="checkbox"/>			

**RETAINING WALL / BLOCK WALL / FENCE TABLE**

<b>WALL TYPE</b> (CHAIN LINK, CMU BLOCK, CONCRETE,	<b>LENGTH</b>	<b>TOTAL HEIGHT</b>	<b>RETAINING HEIGHT</b>	<b>NOTES</b>

**SIGN TABLE**

<b>SIGN TYPE</b> (2-SIDED, CHANNEL LETTER, PAINTED/FOAM, REFACE)	<b>SQ FT</b>	<b>MOUNTING</b> (MONUMENT, OTHER, POLE, ROOFTOP, WALL)	<b>POLE HEIGHT</b>	<b>DESCRIPTION</b>