



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

APPLICATION NUMBER:

APPLICATION FOR BUILDING PERMIT

Please fill out all fields below – Print legibly in blue or black ink

PROJECT STREET ADDRESS:	CITY/LOCALITY:	ZIP CODE:	UNIT/SUITE#
ASSESSOR'S PARCEL NUMBER: _____	CROSS STREET: _____		

APPLICANT INFORMATION (Check all that apply)

NAME (FIRST/LAST):	STREET ADDRESS:	CITY/LOCALITY:	ZIPCODE:
PHONE NUMBER: ____-____-____	EMAIL ADDRESS:		
<input type="checkbox"/> Owner	<input type="checkbox"/> Owner's Agent	<input type="checkbox"/> Owner/Builder (see Page 2)	<input type="checkbox"/> Contractor
<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Developer	<input type="checkbox"/> Contractor's Agent
		<input type="checkbox"/> Tenant	

PROPERTY OWNER'S INFORMATION

NAME (FIRST/LAST):	STREET ADDRESS:	CITY/ZIP:	PHONE # ____-____-____
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CONTRACTOR'S INFORMATION

COMPANY NAME:	STREET ADDRESS:	CITY/ZIP:	PHONE # ____-____-____	
LICENSE #	LICENSE CLASS:	WORKER'S COMP. CARRIER	POLICY #:	EXP. DATE

ARCHITECT / ENGINEER'S INFORMATION

NAME (FIRST/LAST):	STREET ADDRESS:	CITY/ZIP:	PHONE # ____-____-____
LICENSE #	EXP. DATE		

WORK DESCRIPTION

BRIEFLY DESCRIBE THE SCOPE OF WORK:			PROPOSED USE:
			OCCUPANCY GROUP:
			TYPE OF CONSTRUCTION:
NEW/ADDITION AREA:	EXISTING AREA:	T.I./REMODEL AREA	# OF STORIES:
GARAGE AREA:	DECK/ ACCESSORY AREA:	RETAINING WALL LENGTH & HEIGHT:	PROJECT VALUATION: