APPLICATION FOR OCCUPANT LOAD

Los Angeles County Department of Public Works
Building and Safety Division
UNC-_____________________

CITY/LOCALITY: _______________________________________
APN: _______________________________________________

PRIMARY ADDRESS: ______________________________________________________________________________________

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

Please fill out completely. Items with * will be completed by County Staff

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<tr>
<th>AREA</th>
<th>USE</th>
<th>PROPOSED OCCUPANT LOAD</th>
<th>MIN. OCCUPANT LOAD*</th>
<th>DETERMINED OCCUPANT LOAD*</th>
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PROPOSED OCCUPANT LOAD: _______________________

PROPOSED MINIMUM OCCUPANT LOAD: _______________________

TOTAL ASSEMBLY OCCUPANT LOAD DETERMINED BY BUILDING OFFICIAL*:

OCCUPANCY GROUP: _______________ PROPOSED USE: __________________

ASSEMBLY OCCUPANCY LOAD: __________________ CURRENT USE: __________________

PROPERTY OWNER

NAME: __________________________________________________________
ADDRESS: _________________________________________________________ PHONE:(______) -
CITY: ___________________ STATE/ZIP: ______________ EMAIL: _______________

APPLICANT INFORMATION (if different from owner)

NAME: __________________________________________________________
ADDRESS: _________________________________________________________ PHONE:(______) -
CITY: ___________________ STATE/ZIP: ______________ EMAIL: _______________

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: __________________________________________________________
ADDRESS: _________________________________________________________ PHONE:(______) -
CITY: ___________________ STATE/ZIP: ______________ EMAIL: _______________
STATE LICENSE #: __________________ EXP DATE: ______________/___________