Los Angeles County Public Works  
Building and Safety Division  
Application No. UNC-____________________

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

APPLICATION FOR OCCUPANT LOAD

| PRIMARY ADDRESS: __________________________________________________________ |
| CITY/LOCALITY: ___________________________________ APN: __________________ |

Please fill out COMPLETELY. *Items with * will be completed by County Staff*  
(Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>AREA</th>
<th>USE</th>
<th>PROPOSED OCCUPANT LOAD</th>
<th>MIN. OCCUPANT LOAD*</th>
<th>DETERMINED OCCUPANT LOAD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROPOSED OCCUPANT LOAD: __________  MINIMUM OCCUPANT LOAD: __________
TOTAL OCCUPANT LOAD DETERMINED BY BUILDING OFFICIAL*: __________

OCCUPANCY GROUP*: __________  REVIEWING PLAN CHECKER *: __________

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:_____/______