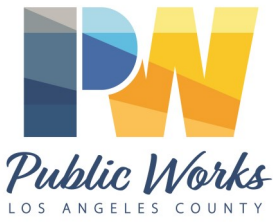


THE INFORMATION CALLED FOR IN THIS EXAMPLE APPLICATION IS IDENTICAL TO THE INFORMATION REQUIRED IN LA COUNTY'S ONLINE APPLICATION. APPLICANTS MAY SUBMIT AN ONLINE APPLICATION AT EPICLA.LACOUNTY.GOV



Los Angeles County Building and Safety Plan Check/Permit No. U

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

APPLICATION FOR BUILDING PERMIT / PLAN CHECK

JOB ADDRESS: 123 Example St UNIT CITY/LOCALITY: ExampleTown APN:

SCOPE OF WORK: New 612 sf, 2 -story accessory dwelling unit (1 bedroom, 1 bathroom) VALUATION: \$ 115,946

PROPERTY OWNER

NAME: Jane Example OWNER BUILDER: YES NO X 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

WORK TYPE (NEW, ADD, REMODEL)	FLOOR TYPE (BASEMENT, FLOOR,	FLOOR LEVEL	CONST TYPE	OCC GROUP	SQ FT	DESCRIPTION / USE
Residential New Construction	Floor	1	V-B	R-3	298	Living space
Residential New Construction	Floor	2	V-B	R-3	314	Living space
ENERGY REVIEW <input checked="" type="checkbox"/>			ACCESSIBILITY REVIEW <input type="checkbox"/>			

RETAINING WALL / BLOCK WALL / FENCE TABLE

WALL TYPE (CHAIN LINK, CMU BLOCK, CONCRETE,	LENGTH	TOTAL HEIGHT	RETAINING HEIGHT	NOTES

SIGN TABLE

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