

CITY OF EL SEGUNDO PLANNING AND BUILDING SAFETY DEPARTMENT 350 MAIN ST., EL SEGUNDO, CA 90245

			Plan Check No.
Address: Tenant/Project Name:	APPLICATION FOR B	UILDING PERM	IIT
Description of Work:			
	PROPERTY	OWNER	
Name:			Owner Builder: Yes No
Address:	~	Phone:	
City:	State:	Zip Code:	
Email:		Fax:	
	APPLICANT INF	ORMATION	
Name:		Email:	
Address:		Phone:	
City:	State:	Zip Code:	
	CONTRACTOR IN	FORMATION	
Name:		Email:	
Address:		Phone	
City:	State:	Zip Code:	
State License No.:	Class:	Exp. Date:	
Α	RCHITECT/ENGINEER/DE	SIGNER INFOR	MATION
Name:			
Address:			
City:			
State License No.:	Exp. Date:	Pho	one No.:
	PROJECT INFO	ORMATION	
Valuation Cost (labor & material): \$		New Building/Addition (sq. ft.):	
New Garage: Yes No (sq. ft.)		Patio Cover/Deck (sq. ft.)	
Remodel/TI: (sq. ft.)		Number of Stories:	
Construction Type:		Occupancy Group:	
Related Permit No.:	т		
City Business License N	lo.:		

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Planning, Fire Department, Health Department, and any other agencies that 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. 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 the Building Department for plan review 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.