



APP-011
Express Building Permit Application

GENERAL INFORMATION				PROJECT NUMBER	AUTHORIZATION
					Permit Tech
PROJECT ADDRESS (not mailing address)				PROJECT NAME (if any)	
LEGAL DESCRIPTION (i.e., Lot, Block, Tract, APN, etc.)					
CONSTRUCTION VALUATION \$	USE(S) / OCCUPANCY(IES) (check all boxes that apply) <input type="checkbox"/> One-/Two-Family Dwelling (R-3) <input type="checkbox"/> Office (B) <input type="checkbox"/> Storage/Warehouse (S-1)(S-2) <input type="checkbox"/> ADU/JADU (R-3) <input type="checkbox"/> Retail (M) <input type="checkbox"/> Industrial/Manufacturing (F-1)(F-2) <input type="checkbox"/> Apartment/Condominium (R-2) <input type="checkbox"/> Restaurant (A-2)(B) <input type="checkbox"/> Other: <input type="checkbox"/> Hotel/Motel (R-1) <input type="checkbox"/> Assembly (A-1)(A-2)(A-3) <input type="checkbox"/> Other: <input type="checkbox"/> Assisted Living Facility (R-2.1)(R-4) <input type="checkbox"/> Parking Garage (U)(S-2) <input type="checkbox"/> Other:				
APPLICANT (first name and last name)			<input type="checkbox"/> Agent For	<input type="checkbox"/> Property Owner <input type="checkbox"/> Design Professional <input type="checkbox"/> Tenant / Lessee <input type="checkbox"/> Contractor	
APPLICANT MAILING ADDRESS			APPLICANT EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE #	FAX #	
PROPERTY OWNER (first name and last name)			<input type="checkbox"/> Sole	<input type="checkbox"/> LLC / Corporation	
			<input type="checkbox"/> Partners	<input type="checkbox"/> Trust	
PROPERTY OWNER MAILING ADDRESS			PROPERTY OWNER EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE #	FAX #	
CONTRACTOR (first name and last name)			TYPE OF BUSINESS	CITY PIN (if applicable)	
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS		
CITY	STATE	ZIP	PHONE #	FAX #	
CITY BUSINESS LICENSE #	EXPIRATION DATE	STATE LICENSE # AND TYPE		EXPIRATION DATE	

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

SIGNATURE	PRINT NAME	DATE
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Description Number	EXPRESS BUILDING PERMIT	One-Family Dwelling	Two-Family Dwellings	Multi-Family Dwellings	Nonresidential Buildings
		check applicable box			
B1	Window. Replace [specify quantity] _____ existing window(s) with the same size, opening type, and location as the existing window(s). (Note: For window area > 75 sf, max. U-factor = 0.30 and max. SHGC = 0.23. For window area = 75 sf or less, max. U-factor = 0.40 and max. SHGC = 0.35". Window(s) serving habitable room(s) shall comply with Information Bulletin IB-006 Emergency Escape and Rescue Openings.)				
B2	Door. Replace [specify quantity] _____ existing door(s) with the same size, type and location as the existing door(s). (Note: Work does not include glass door. Exterior door shall have a max. U-factor = 0.20.)				
B3	Kitchen. Repair and/or replace existing kitchen [check one or more boxes] <input type="checkbox"/> cabinet(s), <input type="checkbox"/> flooring, <input type="checkbox"/> wall finishes, <input type="checkbox"/> tile(s), <input type="checkbox"/> counter(s), and/or <input type="checkbox"/> plumbing or <input type="checkbox"/> electrical fixture(s) with the same size, type and location. No change(s) in wall(s) or opening(s) is(are) permitted. No change to the floor or kitchen layout. No penetration or relocation for new plumbing or electrical fixture(s), equipment or outlet(s) into existing wall(s) is(are) allowed.				
B4	Bathroom. Repair and/or replace existing bathroom [check one or more boxes] <input type="checkbox"/> cabinet(s), <input type="checkbox"/> flooring, <input type="checkbox"/> wall finishes, <input type="checkbox"/> tile(s), <input type="checkbox"/> counter(s), and/or <input type="checkbox"/> plumbing or <input type="checkbox"/> electrical fixture(s) only. No change in wall(s) or opening(s) is(are) permitted and no penetration of new plumbing or electrical fixture(s) into existing wall(s) is(are) allowed. (Note: Comply with Information Bulletin IB-056 Residential Bathroom Remodel.)				
B5	Drywall/Plaster. Repair and/or replace existing interior drywall or plaster for non-structural purpose only. Limit total area of repair/replacement to a max. 10% of the existing building's interior wall(s)/ceiling(s).				
B6	Foundation Seismic Retrofit. Voluntary seismic retrofit of existing wood-framed building. Install [check one or more boxes] <input type="checkbox"/> cripple wall, <input type="checkbox"/> anchor bolting/bracing, <input type="checkbox"/> other _____ per [check one box] <input type="checkbox"/> LADBS Standard Plan #1, <input type="checkbox"/> Standard Plan A, <input type="checkbox"/> Engineered Plan, <input type="checkbox"/> CEBC Chapter 3A, <input type="checkbox"/> FEMA P-1100 Standard Plan, or <input type="checkbox"/> [specify other recognized plan] _____.				
B7	Security Bar. Install [specify quantity] _____ [check one or more boxes] <input type="checkbox"/> security bar(s), <input type="checkbox"/> grill(s), <input type="checkbox"/> grate(s), <input type="checkbox"/> security roll down shutter(s) or <input type="checkbox"/> other _____ over/at [specify location] _____. (Note: Cannot be installed over emergency escape window or door in sleeping room.)				
B8	Re-Roof with Asphalt/Fiberglass Composition Shingles. Composition shingles to be install over [check one box] <input type="checkbox"/> solid sheathing or <input type="checkbox"/> max. 1 existing layer of composition shingles that were installed over solid sheathing. Total [specify quantity] _____ roof square(s). Max. weight of shingles shall be 6 psf or less. (Note: Radiant barrier shall be provided.)				
B9	Re-Roof with Built-Up Roofing. Built-up roofing with Class <input type="checkbox"/> A or <input type="checkbox"/> B material to be install over [check one box] <input type="checkbox"/> solid sheathing or <input type="checkbox"/> max. 1 existing layer of built-up roofing that was installed over a solid sheathing. Total [specify quantity] _____ roof square(s). (Note: Radiant barrier shall be provided.)				
B10	New Stucco or Re-Stucco. Install new stucco over existing wood siding or wet sandblast and re-stucco. 2 layers of Grade D weather-resistive paper required with a min. 7/8" thick layer of stucco.				
B11	Change of Ownership or Contractor. Change existing [check one box] <input type="checkbox"/> owner or <input type="checkbox"/> contractor of record with [specify name] _____ on permit number _____.				

Refer to Information Bulletin [IB-058](#) for additional information on simple construction projects that qualify for the Express Permit Service. If it does not qualify, it will be necessary to submit the construction documents for plan review through the Over-the-Counter Plan Review Service or the Submitted Regular Plan Review process. Refer to longbeach.gov/lbds/building/plan-review-service for additional information.

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at longbeach.gov/lbcd and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.