



**City of Rancho Palos Verdes  
Building and Safety Department  
Permit / Plan Check Application**

**Job Address** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**Print Applicant Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

**Applicant's Best Phone #** \_\_\_\_\_

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Mailing address if different : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Commercial use only; Name of Business to occupy building: \_\_\_\_\_

**Internal use Only:**

Owner – Builder Declaration Required :  Yes see attached  No

**ARCH / ENGINEER:** \_\_\_\_\_  
License # \_\_\_\_\_ City Business License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Written Description of Work:	Square Footage
ICBO or ER #	Valuation \$

I hereby acknowledge that I have read this permit application and state that all information including any attached sheets are correct. I agree to comply with all City ordinances, State and Federal laws regulating activities covered by this permit for which I am applying. I authorize representatives of this city to enter upon above mentioned property for inspection purposes. I will ensure that items requiring inspections will not be covered without an approval by the City Building Inspector.

- |   |                 |                              |
|---|-----------------|------------------------------|
| <input type="radio"/> Contractor with Worker's Compensation | or              | Contractor is Exempt         |
| <input type="radio"/> Workers Comp. Policy                  |                 | <input type="radio"/> Exempt |
| No. _____   | Exp Date: _____ |                              |

**CONTRACTOR** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Licensed Contractor's Declaration**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and in effect.

**Contractors Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name :** \_\_\_\_\_ **Email:** \_\_\_\_\_

**License Class** \_\_\_\_\_ **License #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

### Plumbing

Qty	Item	Fee
	Single Trap Fixture	
	Water Heater	
	Solar Water Heating	
	Water Service Piping	
	Water Treatment	
	Whole System Re-pipe Residential	
	Swimming Pool	
	Relocate Gas Meter	
	Gas Outlets up to 5	
	Each Gas outlets over 5	
	Miscellaneous Repairs	

Qty	Item	Fee
	Lawn Sprinklers	
	Vacuum Breaker or Back Flow preventer	
	Interceptors & Clarifiers	
	Storm Water Drain Inside Building Sewer	
	Private Sewage System	
	Private Sewage Abandonment or Repair	
	Fire Sprinkler Head to 5 units	
	Additional Sprinkler Heads	
	Other	

### Mechanical

Qty	Item	Fee
	Heating Appliance / FAU	
	Comfort Cooling Unit / A-C	
	Combo Heating & Cooling Unit	
	Refrigeration Unit up to 25 HP	
	Refrigeration Unit over 25 HP	
	Pool Heater	
	Boiler	
	Ventilation Unit	

Qty	Item	Fee
	Single Flue or Vent for Appliance	
	Residential Exhaust Fan or Duct	
	Commercial Exhaust or Duct	
	Duct System per 1000 SF of Area	
	Cooling unit with ducts	
	Fire Damper 1 – 10	
	Over 10 Dampers	
	Other Appliances or Equipment	

### Electrical

Qty	Item	Fee
	Receptacles, Switches or Outlets First 20	
	Each additional switch, outlet or receptacle	
	Panel Upgrade 600V to 200 AMP	
	600V to Over 200 AMP to 1000 AMP	
	Conversion from Overhead to Underground Service	
	Temp Power Pole	
	Systems per SF for one or two family dwellings	
	Systems per SF for Multi Family	
	Misc. Apparatus Conduits, Conductors & Circuits	
	Other	

Qty	Item	Fee
	Residential Appliances	
	Non Residential Appliance	
	Power Apparatus Rated in HP, KW,KVA, or KVAR up to 1 ea	
	Over 1 up to 10	
	Over 10, up to 50	
	Over 50 up to 100	
	Over 100	
	Bus ways, ea 100 FT to Fraction	
	Signs & Marquees	
	Circuits to Manufactured Spa	
	Swimming Pool	