



APPLICATION FOR
MISCELLANEOUS PERMIT
CITY OF LAKEWOOD
(562) 866-9771 – 2350

email to: MyPlans@lakewoodca.gov

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS – ST: _____

ASSESSOR INFORMATION NO.: _____ -- _____ -- _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES _____ NO _____

ADDRESS: _____

PHONE (____) _____ Ext. _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE (____) _____ Ext. _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE (____) _____ Ext. _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE (____) _____ Ext. _____

WORK DESCRIPTION: _____

VALUATION: _____

BUILDINGS ON LOT: _____

PROJECT SIZE: _____ SQ.FT. NO. OF STORIES: _____ CONSTRUCTION TYPES: _____ OCCUPANCY GROUPS: _____

FOR BUILDING AND SAFETY USE ONLY

TRAILER USE: _____ INSPECTION FOR – GEOLOGY: _____ OCCUPANCY: _____ SAFETY: _____

OTHER: _____

LOT SIZE: _____ X _____ BUILDINGS ON LOT: _____

EXISTING BUILDING USE: _____

BLDG SIZE _____ (SQ. FT) NBR STORIES: _____

USE ZONE: _____ MAP NBR: _____

LIST ITEMS: _____

OCCUP GRP EXIST: _____ NEW: _____ CONSTR TYPE: _____ HIWAY TYPE: _____

SPECIAL COND'S: _____

OCCUP LOAD EXIST: _____ PROPOSED: _____ PRKG SPACES REQ'D: _____ PROV'D: _____

EXIT HARDWARE – NO SPCL KNOWLEDGE: _____ PANIC DEVICE: _____ NBR OF EXITS: _____

LIMITED TIME USE - FROM _____ TO: _____

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