

**CITY OF LOS ANGELES**  
**DEVELOPMENT SERVICES CASE MANAGEMENT**  
**(DSCM)**  
**201 N Figueroa St., Suite 1030**  
**Los Angeles, CA 90012**  
**Tel: 213-482-6864 Fax: 213-482-6874**  
**Email: [DevelopmentServices.CM@lacity.org](mailto:DevelopmentServices.CM@lacity.org)**



**FOR OFFICE USE ONLY:**

- CM \_\_\_\_\_
- PRELIMINARY PLAN REVIEW:
- BLDG/ZONING       D.A.D.       ELECTRICAL
- BLDG/FIRE       MECH       SIGNS
- LAND/SUBDIV       PLUMBING       GREEN
- DWP       SPRINKLERS       DOT
- PLANNING

# S E R V I C E   R E Q U E S T   F O R M

**INSTRUCTIONS:**

- For **FOOD/RESTAURANT** projects, please complete a **Restaurant and Hospitality Express Program** service request form by visiting the RHEP webpage <http://ladbs.org/services/special-assistance/restaurant-and-hospitality-program>.
- Please see the [DSCM Description of Services Matrix](#) to see if your project qualifies for DSCM services.
- Completed application forms may be submitted online at the LADBS DSCM webpage at <http://ladbs.org/services/special-assistance/dscm>, via email at [DevelopmentServices.CM@lacity.org](mailto:DevelopmentServices.CM@lacity.org), or fax at 213-482-6874.

A. APPLICANT INFORMATION			
First Name:	Last Name:	Date:	
Relationship to Project:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Agent for Owner <input type="checkbox"/> Engineer <input type="checkbox"/> Other:	Phone No.:	
Email Address:		Fax No:	
Referred By: (if any)	<input type="checkbox"/> Planning Public Counter (Senior to Sign and Print Name) : <input type="checkbox"/> Others    Name: _____ Dept: _____	<input type="checkbox"/> The Small Business Source Center <input type="checkbox"/> Great Streets Program Phone No.: _____	
B. PROJECT INFORMATION (Please complete ALL boxes)			
Project Address:		Project Name:	
Project Valuation:	No. of Stories:	No. of Dwelling Units:	Non-Residential Floor Area (New or Add'l Square Footage):
Project Description:			
<b>Please provide additional information regarding your project by answering <u>ALL</u> of the following questions. Detailed and specific information will help us better understand your project and determine the most suitable service available.</b>			
1. Please check the appropriate Project Type (check all that applies):			
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Alter/Repair <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Change of Use			
2. Please check the appropriate Proposed Use for your project (check all that applies):			
<input type="checkbox"/> SFD/Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Charter School <input type="checkbox"/> Restaurant <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use Residential / Commercial <input type="checkbox"/> Other: _____			

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

3. a) Have you prepared working drawings/plans for this project?  No  Yes

b) If Yes, have you submitted your plans for LADBS Plan Check?  No  Yes\* – Application #:   
*\*Please note that your request may be referred to the LADBS Plan Checking Section to best assist you*

c) Has your project been cited by LADBS Code Enforcement? **(REQUIRED)**  No  Yes (If Yes, please describe below in section #5)

4. Have you submitted for any City Planning Entitlement?  No  Yes – Case #:

5. **(REQUIRED)** Please provide a detailed list of questions or assistance needed. Also, if you have marked any of the boxes in section #6 below, please list your technical code questions here per discipline.

6. Do you have specific questions for any of the following disciplines? Please check all that apply and we will route your request based on the boxes checked below and the questions provided in section #5. Meetings may be held separately. **There is a \$163.50 fee for EACH meeting (except as indicated below) up to 1 ½ hours long. \*\*PAYMENT REQUIRED PRIOR TO MEETING\*\***

<input type="checkbox"/> Building/Zoning Code <b>(Complete Section #7 Below)</b>	<input type="checkbox"/> Land Subdivision <b>(LADBS staff only)</b>	<input type="checkbox"/> Signs
<input type="checkbox"/> Mechanical Systems	<input type="checkbox"/> Plumbing Systems	<input type="checkbox"/> Fire Sprinkler Systems
<input type="checkbox"/> Electrical Systems	<input type="checkbox"/> Disabled Access	<input type="checkbox"/> Green Code

DWP – Transformer design, guidelines, equipment reservation, site review, service requirements **(FEE \$0)**

LADOT – Review of driveway dimensioning and siting, reservoir space requirements, transportation impact studies, transportation specific plan compliance, etc. **(FEE \$0)**

City Planning – Any consultation with Planning staff, typically to discuss deviations From the City of LA Zoning Code. **Check one of the boxes below:**

- Meeting with Planning staff only – **\$1,413.27**
- Joint meeting with Planning staff and any other department(s) – **\$2,120.52**

7. We offer **Building and Zoning Code** Preliminary Plan Review Meetings at our Metro, Van Nuys and West LA Offices. Please indicate your preferred office:

- Metro (201 N Figueroa St., Suite 1030, LA, CA 90012)
- Van Nuys (6262 Van Nuys Blvd, 2nd Floor, Room 251 Van Nuys, CA 91401)
- West LA (1828 Sawtelle Blvd, 2<sup>nd</sup> Floor, Los Angeles, CA 90025)
- First Available

**For Cashier Use Only**

Initial Consultation Fee: \_\_\_\_\_

DSC Surcharge 3%: \_\_\_\_\_

Sys. Surcharge 6%: \_\_\_\_\_

Total Fees: \_\_\_\_\_