CITY LA DBS
DEPARTMENT OF BUILDING AND SAFETY

CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
SPECIAL FEES

Board File #	
Council District #	
District Office	
Plan Check #	
Permit #	

JOB ADDRESS: _____

NUMBER DIRECTION STREET NAME STREET TYPE

PROPERTY OWNER/APPLICANT:

Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

BUREAU	TYPE	ACTIVITY
☐ Inspection ☐ Engineering ☐ Code Enforcement ☐ Resource Mgt. ☐ Commission	☐ Residential ☐ Non-Residential	☐ Building ☐ Earthquake ☐ Grading ☐ Elevator ☐ Pressure Vessel ☐ Other _____ ☐ Electrical ☐ Plumbing ☐ Heating ☐ Electrical Test Lab ☐ Mechanical Test Lab

PURPOSE: _____

_____

_____

_____

_____

_____

FEE

Board Field Inspection LAMC 98.0403.2(a	
Supplemental Inspections LAMC 98.0412:	
Minimum Inspection	
Additional Inspection	
Misc. Permit Inspection	
Special Equipment	
Off-Site Inspection	
Witnessing Performance Test	
Off-Hours Inspection LAMC 98.0406:	
Minimum Fee	
Over Min. @ $____/hr x___hrs	$0.00
Investigation LAMC 98.0402	
Supplementary Time Charges _____	
Pre-Inspection Fee	
Other _____	
_____	
_____	

Distribution: Bureau - White
Customer - Yellow
Cashier - Pink

SUBTOTAL
Applicable surcharges will be added by cashier

$0.00

Fee Determination by: _____

Employee I.D. #: _____

Telephone: _____

Date: _____

Off-Hours Approved by: _____
Attach copy to approved OT request

Date Inspection Requested: _____

Cashier's Use Only: