CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
LICENSE SECTION
221 N. Figueroa Street, #700, Los Angeles, CA 90012
(213) 482-0099
www.ladbs.org

PLUMBING MAINTENANCE
CERTIFICATE OF REGISTRATION

Section 94.103.12 of the Plumbing Code states that an Annual Registration Fee shall be paid for premises covered by a MAINTENANCE CERTIFICATE OF REGISTRATION. The fee for registration and annual renewal of registration is $163.50 for any number buildings on a premises.

Fill out the form below and return with required fee to:

Department of Building and Safety
License Section
221 N. Figueroa Street, #700
Los Angeles, CA 90012

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Date: _______________________
Bus. Name: __________________________________________________________________________
Bus. Address _________________________________________________________________________
City: ____________________________ State:_______________________ Zip Code: _______________
Name of Responsible owner or occupant: _________________________________________________
Phone (     ) _______________________

Premises to be covered by Certificate of Registration:

A premise may be defined as: “Any parcel of land, regardless of the number of continuous lots, occupied by or under the control of the same person or firm and including all buildings, structures, or improvements thereon”.

Indicate clearly if more than one address is part of the premises.

Address: ___________________________________________________________________________
Address: ___________________________________________________________________________
Address: ___________________________________________________________________________
Address: ___________________________________________________________________________
Section 94.103.12 of the Plumbing Code states that the owner or occupant shall register a MAINTENANCE SUPERVISOR who is the holder of a valid Certificate of Qualification in the proper classification.

Home Address: _________________________________________________________________

City: ___________________________ State: __________________________ Zip Code: __________

Phone (   ) __________________________

________________________________               _____________________________________

Print Name                                     Signature of Holder of Qualification

(Rev. 11/2016)