



**CITY OF EL SEGUNDO  
DEVELOPMENT SERVICES DEPARTMENT  
350 MAIN ST., EL SEGUNDO, CA 90245**

Plan Check No. \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT**

Address: \_\_\_\_\_  
 Tenant/Project Name: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_ Owner Builder: Yes  No   
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 State License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**ARCHITECT/ENGINEER/DESIGNER INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**PROJECT INFORMATION**

Valuation Cost (labor & material): \$ \_\_\_\_\_ New Building/Addition (sq. ft.): \_\_\_\_\_  
 New Garage: Yes  No  (sq. ft.) \_\_\_\_\_ Patio Cover/Deck (sq. ft.) \_\_\_\_\_  
 Remodel/TI: (sq. ft.) \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Construction Type: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_  
 Related Permit No.: \_\_\_\_\_  
 City Business License No.: \_\_\_\_\_

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Planning, Fire Department, Health Department, and any other agencies that are required prior to the issuance of the building/grading permit. I hereby choose to submit plans for building/grading plan check prior to obtaining the necessary approvals of the agencies. Furthermore, I am aware that if the building/grading plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to the Building Department for plan review will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.



**CITY OF EL SEGUNDO**  
**DEVELOPMENT SERVICES DEPARTMENT**  
**SCHEDULE OF FEES**  
 (Effective 9-1-2018)

<b>PLUMBING FEES</b>		
Permit Issuance	\$41	
Plan Check	100% of Permit Fee	
Accelerated Plan Check Surcharge	50% of Plan Check Fees	
Inspections no specified	\$170	
Re-inspection	Regular Hourly Rate = (\$150/hr.)	
After-hour inspection (4-hour minimum)	Overtime Hourly Rate= (180\$/hrx4=\$720)	
Overtime Hourly Rate	120% of Regular Hourly Rate = (180\$/hr)	
<b>PLUMBING</b>	<b>PERMIT FEE</b>	<b>COUNTS</b>
Plumbing Fixtures and Vents (each)	\$15	
Repair or Alteration of drainage or vent piping	<b>\$43</b>	
- <i>SFR</i>		
- <i>Non- SFR</i>	\$55	
Piping or re-piping		
- <i>Single Family Residential (per dwelling)</i>	<b>\$55</b>	
- <i>Multifamily Residential (per dwelling)</i>	\$83	
Lawn Sprinkler System		
- <i>Per valve</i>	\$31	
- <i>Each vacuum breaker or backflow protection device</i>	\$31	
- <i>Backflow protection device &gt; 6"</i>	\$240	
Gas System, per system	\$92	
- <i>For each outlet over 5</i>	\$18	
Sewer 0-25 linear feet	\$55	
- <i>each additional 100 linear feet</i>	\$37	
Swimming Pool	\$184	
In-ground spa	\$92	
Earthquake valve	\$92	
Water Heater/Pool heater/Spa Heater	\$68	
Grease Interceptor	\$129	
Miscellaneous	\$92	

-Valuation shall be based on City of Los Angeles Valuation Table.

-Fees shall be based on the Valuation Table or the Actual cost of the Project, whichever is higher. The City reserves the right to audit the project cost and collect additional fees as deemed appropriate.