



**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)

MECHANICAL FEES		
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)	
MECHANICAL	PERMIT FEE	COUNTS
Forced-Air or Gravity-Type Furnace or Burner	\$93	
Floor Furnace - Installation or Relocation	\$92	
Suspended/Recessed Wall/Floor Mounted Heater - Install/Relocation	\$92	
Appliance Vents per each Inlet/Outlet	\$31	
Air Inlet/Air Outlet		
- Up to 10 vents	\$92	
- Each additional vent	\$3	
Air Handling Unit	\$55	
Variable Air Volume Box	\$37	
Single Register Ventilation Fan	\$37	
Independent Venting System	\$92	
Hood served by Mechanical Exhaust	\$92	
Boilers, Compressors, & Absorption Systems		
- 0-15 HP or 0-500,000 Btu/h	\$92	
- 15-30 HP or 500,001-1,000,000 Btu/h	\$154	
- 31-50 HP or 1,000,001-1,750,000 Btu/h	\$191	
- 50+ HP or 1,750,001+ Btu/h	\$240	
Smoke/Fire Damper/Smoke Control Damper	\$55	
Thermostat	\$55	
Incinerator/Kiln	\$92	
Fireplace	\$92	
Alteration to duct work not otherwise stated	\$9	
Piping to a condensate pump, sump pump	\$43	
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.