



# SUBDIVISIONS

## VIRTUAL COUNSELING

**Monday-Friday**

**10:00 am**

Appointments are 30 minutes in duration.  
Choose "Subdivision Virtual Counseling".

**<https://planning.lacounty.gov/connect-with-a-planner/>**



### COUNSELING BY

Planning, Public Works,  
Fire, & Public Health

### GENERAL INFORMATION

Subdivision Process  
Pre-Application Counseling  
SB9 Urban Lot Splits  
Condominiums  
Compact Lot Subdivisions  
Certificates of Compliance  
Lot Line Adjustments

### QUESTIONS

#### Email

[subdivisions@planning.lacounty.gov](mailto:subdivisions@planning.lacounty.gov)

#### Call

(213) 974-6433

**Frequently Asked Questions**  
[planning.lacounty.gov](http://planning.lacounty.gov)



**Public Works**  
LOS ANGELES COUNTY

# COUNTY OF LOS ANGELES

Department of Public Works  
Building and Safety Division

<http://dpw.lacounty.gov/bsd/>

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

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

## APPLICATION FOR GRADING PERMIT

PLEASE FILL OUT COMPLETELY IN INK

**Project Address:** \_\_\_\_\_

**City** \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_

Cross-St: \_\_\_\_\_

Tenant/Project Name: \_\_\_\_\_

**Description of Work:**

### PROPERTY OWNER

Name: \_\_\_\_\_ Owner builder:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTRACTOR INFORMATION

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Workers Compensation Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### ENGINEER/DESIGNER INFORMATION

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

State License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Regional Planning and Fire Department are usually required. I hereby choose to submit plans for grading plan check prior to obtaining the necessary approvals of the above mentioned agencies and acknowledge that additional agencies may be required after my plans have been reviewed. Furthermore, I am aware that if the grading plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plan check 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.

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LA COUNTY**

# **PLANNING**

## **In-Person Public Counter:**

**(NEW HOURS) Monday – Thursday 7:00 a.m.- 11:00 a.m.**

Southwest Office – 1320 W Imperial Highway Los Angeles 90044

**Must Be Sign-In by 10:30 a.m.**

To schedule a virtual counseling session, please visit:

<https://planning.lacounty.gov/online>

To get answers to general questions, please email us at:

[info@planning.lacounty.gov](mailto:info@planning.lacounty.gov)

Apply Online. All applications may be submitted online as a “base application” through EPIC-LA:

<http://epicla.lacounty.gov>

You may also call **(213) 974-6411** to speak to a receptionist or leave a message. Your call will be returned by planning staff by the next business day, at the latest

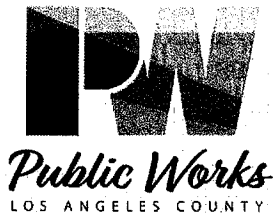
For the latest information please visit our website at:

<http://planning.lacounty.gov>

The following information and resources can be found on our website:

- Adopted/Proposed Plans and Ordinances
- Applications and Forms
- GIS Applications and Maps
- Instruction on How-To Apply/Pay Online
- LA County Zoning Code
- Property Zoning Information through Z-NET
- Public Hearing Information and Documents
- Updates on the latest community planning efforts

Business Hours: Monday – Thursday, from 7:30am -5:30pm



# Los Angeles County Public Works

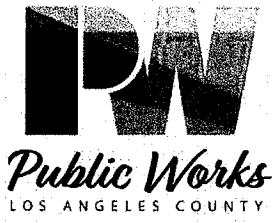
## Building and Safety Division Plan

Check/Permit No. UNC-\_\_\_\_\_

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

### APPLICATION FOR SEWER PERMIT

JOB ADDRESS:		UNIT	
CITY/LOCALITY:		APN:	
SCOPE OF WORK:			
SEWER / SEPTIC (circle one):		CONNECTION TYPE — "Y":	
LENGTH FROM ML TO PL:		STATION:	DEPTH:
MANHOLE REFERENCE:		UPPER / LOWER:	PC NUMBER:
<b>PROPERTY OWNER</b>			
NAME:		OWNER BUILDEF	YES NO
ADDRESS:		PHONE:( )	-
CITY:	STATE/ZIP:	EMAIL:	
<b>APPLICANT INFORMATION (if different from owner)</b>			
NAME:			
ADDRESS:		PHONE:( )	-
CITY:	STATE/ZIP:	EMAIL:	
<b>CONTRACTOR INFORMATION</b>			
NAME:			
ADDRESS:		PHONE:( )	-
CITY:	STATE/ZIP:	EMAIL:	
LICENSE #:	CLASSIFICATION:	EXP DATE:	/
WORK COMP CARRIER:	POLICY #:	EXP DATE:	/
<b>ARCHITECT / ENGINEER / DESIGNER INFORMATION</b>			
NAME:			
ADDRESS:		PHONE:( )	-
CITY:	STATE/ZIP:	EMAIL:	
STATE LICENSE #:	EXP DATE:	/	



# Los Angeles County Public Works

## Building and Safety Division Plan

Check/Permit No. UNC-\_\_\_\_\_

*Disclaimer: Permits are public records and may be posted to the Internet for Public review.*

### APPLICATION FOR MECHANICAL PERMIT / PLAN

JOB ADDRESS: \_\_\_\_\_ UNIT \_\_\_\_\_

CITY/LOCALITY: \_\_\_\_\_ APN: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

#### PROPERTY OWNER

NAME: \_\_\_\_\_ OWNER BUILDER: YES NO

ADDRESS: \_\_\_\_\_ PHONE:( ) -

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### APPLICANT INFORMATION (if different from owner)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE:( ) -

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### CONTRACTOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE:( ) -

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ EXP DATE: /

WORK COMP CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ EXP DATE: /

#### ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE:( ) -

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ EXP DATE: /

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Mechanical plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans 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.

APPLICANT / OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_