



CITY OF BEVERLY HILLS
Plan Review / Permit Application

SEPARATE STRUCTURES REQUIRE SEPARATE PERMITS

☐ BUILDING: * ☐ MECHANICAL: * ☐ ELECTRICAL: * ☐ PLUMBING: * ☐ FIRE SPRINKLER: * ☐ FIRE ALARM: * ☐ GRADING: * ☐ SHORING: * ☐ POOL/SPA: *

☐ ACCESSORY DWELLING: * ☐ SECOND UNIT: * ☐ SOFT STORY RETROFIT: * ☐ ASBESTOS ABATEMENT: * ☐ DEMOLITION: * ☐ ARTIFICIAL TURF: * ☐ FRONT YARD PAVING: * ☐ FENCE / WALL: * ☐ WATER EFF. LANDSCAPING: *

☐ ELECTRIC VEHICLE: * ☐ SOLAR PANEL: * ☐ MEDICAL GAS: * ☐ SANDBLASTING: * ☐ SIGNAGE: * ☐ LOW VOLTAGE: * ☐ OTHER: * ☐ CERT OF OCCUPANCY ☐ CONSTRUCTION PARKING

PROJECT ADDRESS					
UNIT/SUITE		VALUATION (LABOR & MATERIALS)			
FLOOR		AREA OF WORK (ESTIMATED SQ.FT.)			
DESCRIPTION OF WORK					
APPLICANT (REQUIRED)					
ADDRESS					
CITY		STATE		ZIP	
OFFICE PHONE		CELL PHONE			
E-PLAN ACCESS E-MAIL (REQUIRED)					
PROPERTY OWNER (REQUIRED)					<input type="checkbox"/> APPLICANT
ADDRESS					
CITY		STATE		ZIP	
HOME PHONE		CELL PHONE			
E-MAIL (REQUIRED)					
CONTRACTOR					<input type="checkbox"/> APPLICANT (REQUIRED IF VALUATION IS \$500 +)
ADDRESS					
CITY		STATE		ZIP	
OFFICE PHONE		STATE LICENSE		EXPIR.	
E-MAIL (REQUIRED)					
ARCHITECT					<input type="checkbox"/> APPLICANT
ADDRESS					
CITY		STATE		ZIP	
OFFICE PHONE		STATE LICENSE		EXPIR.	
E-MAIL (REQUIRED)					
ENGINEER					<input type="checkbox"/> APPLICANT
ADDRESS					
CITY		STATE		ZIP	
OFFICE PHONE		STATE LICENSE		EXPIR.	
E-MAIL (REQUIRED)					

Date _____