

Los Angeles County Public Works Building and Safety Division

Application I	No. UNC-	-	

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

APPLICATION FOR OCCUPANT LOAD						
PRIMARY	ADDRESS:					
CITY/LOC	CITY/LOCALITY: APN:					
Please fill out COMPLETELY. Items with * will be completed by County Staff (Attach additional sheets if necessary)						
AREA	USE	PROPOSED OCCUPANT LOAD	MIN. OCCUPANT LOAD*	DETERMINED OCCUPANT LOAD*		
Α						
В						
С						
D						
Е						
PROPOSED OCCUPANT LOAD: MINIMUM OCCUPANT LOAD:						
	TOTAL OCCUPA	ANT LOAD DETERMINED E	BY BUILDING OFFICI	AL*:		
OCCUPANCY GROUP*: REVIEWING PLAN CHECKER *:						
PROPERTY OWNER						
NAME:						
ADDRESS:			PHONE:(PHONE:(
CITY:	CITY: STATE/ZIP:		EMAIL:	EMAIL:		
APPLICANT INFORMATION (if different from owner)						
NAME:						
ADDRESS	S:		PHONE:() -		
CITY:	STATE/ZIP:		EMAIL:	EMAIL:		
ARCHITECT / ENGINEER / DESIGNER INFORMATION						
NAME:						
ADDRESS	S :		PHONE:() -		
CITY:	ITY: STATE/ZIP:		EMAIL:	EMAIL:		
STATE LI	CENSE #:		EXP DATE:	1		