

CITY OF LOS ANGELES
DEVELOPMENT SERVICES CASE MANAGEMENT
(DSCM)
201 N Figueroa St., Suite 1030
Los Angeles, CA 90012
Tel: 213-482-6864 Fax: 213-482-6874
Email: DevelopmentServices.CM@lacity.org



FOR OFFICE USE ONLY:

- CM _____
 - RESTAURANT & HOSPITALITY EXPRESS
 - PRELIM:
- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="radio"/> BLDG/ZONING | <input type="radio"/> DISABLED ACCESS | <input type="radio"/> FIRE SPRINKLERS |
| <input type="radio"/> BLDG/FIRE | <input type="radio"/> MECH | <input type="radio"/> ELECTRICAL |
| <input type="radio"/> LAND SUBDIVISION | <input type="radio"/> PLUMBING | <input type="radio"/> SIGNS |
| | | <input type="radio"/> GREEN |

S E R V I C E R E Q U E S T F O R M

INSTRUCTIONS:

- For Food/Restaurant related projects, please visit the [LADBS Restaurant and Hospitality Express Program](#) webpage and fill out the [Restaurant and Hospitality Service Request Form](#).
- Please see the [DSCM Description of Services Matrix](#) to see if your project qualifies for DSCM services.
- Completed application forms may be submitted online, via email at DevelopmentServices.CM@lacity.org, fax at 213-482-6874 or in person at 201 N Figueroa St., Suite 1030, Los Angeles, CA 90012.

A. APPLICANT INFORMATION			
First Name:	Last Name:	Date:	
Relationship to Project:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Agent for Owner <input type="checkbox"/> Engineer <input type="checkbox"/> Other:	Phone No.:	
Email Address:		Fax No:	
Referred By: (if any)	<input type="checkbox"/> Planning Public Counter (Senior to Sign and Print Name) : <input type="checkbox"/> Others Name: _____ Dept: _____	<input type="checkbox"/> The Small Business Source Center <input type="checkbox"/> Great Streets Program Phone No.: _____	
B. PROJECT INFORMATION (Please complete ALL boxes)			
Project Address:		Project Name:	
Project Valuation:	No. of Stories:	No. of Dwelling Units:	Non-Residential Floor Area (New or Add'l Square Footage):
Project Description:			
Please provide additional information regarding your project by answering ALL of the following questions. Detailed and specific information will help us better understand your project and determine the most suitable service available.			
1. Please check the appropriate Project Type (check all that applies):			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> Alter/Repair	<input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Change of Use
2. Please check the appropriate Proposed Use for your project (check all that applies):			
<input type="checkbox"/> SFD/Duplex	<input type="checkbox"/> Apartment	<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Charter School <input type="checkbox"/> Restaurant
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mixed Use Residential / Commercial	<input type="checkbox"/> Other:

3. a) Have you prepared working drawings/plans for this project? No Yes

b) If Yes, have you submitted your plans for LADBS Plan Check? No Yes* – Application #:
**Please note that your request may be referred to the LADBS Plan Checking Section to best assist you*

c) Has your project been cited by LADBS Code Enforcement? **(REQUIRED)** No Yes (If Yes, please describe below in section #5)

4. Have you submitted for any City Planning Entitlement? No Yes – Case #:

5. **(REQUIRED)** Please provide a detailed list of questions or assistance needed. Also, if you have marked any of the boxes in section #6 below, please list your technical code questions here per discipline.

6. Do you have specific questions for any of the following disciplines? Please check all that applies and we will route your request based on the boxes checked below and the questions provided in section #5. Meetings may be held separately. This fee includes one meeting per discipline of up to 1 ½ hours long.
****PAYMENT REQUIRED PRIOR TO MEETING****

<input type="checkbox"/> Building/Zoning Code (COMPLETE SECTION #7 BELOW) (FEE \$162)	<input type="checkbox"/> Disabled Access (FEE \$162)	<input type="checkbox"/> Signs (FEE \$162)
<input type="checkbox"/> Mechanical Systems (FEE \$162)	<input type="checkbox"/> Plumbing Systems (FEE \$162)	<input type="checkbox"/> Fire Sprinkler Systems (FEE \$162)
<input type="checkbox"/> Land Subdivision (FEE \$162)	<input type="checkbox"/> Electrical Systems (FEE \$162)	<input type="checkbox"/> Green Code (FEE \$162)
<input type="checkbox"/> Others:		

For Cashier Use Only

Initial Consultation Fee: _____

Surcharge 8%: _____

Total Fees: _____

7. We offer **Building and Zoning Code** Preliminary Plan Review Meetings at our Metro, Van Nuys and West LA Offices. Please indicate your preferred office:

- Metro (201 N Figueroa St., Suite 1030, LA, CA 90012)
- Van Nuys (6262 Van Nuys Blvd, 2nd Floor, Room 251 Van Nuys, CA 91401)
- West LA (1828 Sawtelle Blvd, 2nd Floor, Los Angeles, CA 90025)
- First Available