



**CITY OF EL SEGUNDO**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**350 MAIN ST., EL SEGUNDO, CA 90245**

Plan Check No. \_\_\_\_\_  
 [FOR OFFICE USE ONLY]

**APPLICATION FOR MECHANICAL PERMIT**

Address: \_\_\_\_\_  
 Tenant/Project Name: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

Accelerated Plan Check? Yes  No   
 (Additional Fee Will Apply)

**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: \_\_\_\_\_

**ENGINEER INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 State License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**PROJECT INFORMATION**

Related Permit No.: \_\_\_\_\_ New Building/Addition (sq. ft.): \_\_\_\_\_  
 City Business License No.: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Occupancy Group: \_\_\_\_\_

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Development Services, Fire, or Health Departments, 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.



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**SCHEDULE OF FEES**

(Effective 7-1-2023)

<b>MECHANICAL FEES</b>		
Permit Issuance	\$55	
Plan Check	100% of Permit Fee	
Accelerated Plan Check Surcharge	50% of Plan Check Fees	
Inspections not specified	\$196	
Re-inspection	Regular Hourly Rate= (\$196/hr.)	
After-hour inspection (4-hour minimum)	Overtime Hourly Rate= (\$196/hr x4 = \$784)	
Overtime Hourly Rate	120% of Regular Hourly Rate = (\$235.20/hr)	
<b>MECHANICAL</b>	<b>PERMIT FEE</b>	<b>COUNTS</b>
Forced-Air or Gravity-Type Furnace or Burner	\$146	
Floor Furnace - Installation or Relocation	\$146	
Suspended/Recessed Wall/Floor Mounted Heater – Install /Relocation	\$146	
Fireplace	\$146	
Appliance Vents per each Inlet/Outlet	\$41	
Air Handling Unit	\$98	
Air Inlet/Air Outlet - <i>Up to 10 vents</i>	\$146	
- <i>Each additional vent</i>	\$3	
Variable Air Volume Box	\$73	
Single Register Ventilation Fan	\$73	
Independent Venting System	\$146	
Hood served by Mechanical Exhaust	\$146	
Boilers, Compressors, & Absorption Systems		
- <i>0-15 HP or 0-500,000 Btu/h</i>	\$146	
- <i>15-30 HP or 500,001-1,000,000 Btu/h</i>	\$228	
- <i>31-50 HP or 1,000,001-1,750,000 Btu/h</i>	\$276	
- <i>50+ HP or 1,750,001+ Btu/h</i>	\$342	
Smoke/Fire Damper/Smoke Control Damper	\$98	
Thermostat	\$98	
Incinerator/Kiln	\$146	
Alteration to duct work not otherwise stated	\$13	
Miscellaneous- Other Mechanical (Not Specified)	\$227	

-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.