

# **APPLICATION FOR MECHANICAL PERMIT**

| JOB ADDRESS                          | PERMIT FEE SCHEDULE                 | PERMIT FEE SCHEDULE                            |                  | # OF         |
|--------------------------------------|-------------------------------------|--|------------------|--------------|
|                                      |                                     |  |                  | EACH         |
| ☐ COMMERCIAL ☐ RESIDENTIAL           |                                     | Issuance Fee (automatically included)          |                  | 1            |
|                                      |                                     | Absorption System up to 600,000 BTU            |                  |              |
|                                      |                                     | Absorption System over 600,000 BTU             |                  |              |
| PROPERTY OWNER                       |                                     | Air Handling Unit up to 1,200 CFM              |                  |              |
| Mailing Address                      | Air Handling Unit 1,201 – 6,000     |  | 176.28           |              |
| City/Zip                             | Air Handling Unit over 6,000 CFM    |  | 247.96           |              |
| Phone Number                         | Appliance Gas Vent                  |  | 62.73            |              |
| Email_                               | Boiler/Compressor up to 3 ton       |  | 62.73            |              |
| Bollet/Compressor 3.1 toll = 13 toll |                                     | 91.22  |                  |              |
| TENANT/BUSINESS                      | Boiler/Compressor 15.1 ton - 30 ton |  | 128.48           |              |
|                                      | Boiler/Compressor 30.1 ton - 50 ton |  | 206.13<br>301.89 |              |
| Mailing Address                      | •                                   | Boiler/Compressor over 50 ton                  |                  |              |
| City/Zip                             | <del></del>                         | Commercial/Industrial Oven/                    |                  |              |
| Phone Number                         | Duct or Area Smoke Det              | Incinerator (Enter Valuation)                  |                  |              |
| Email                                |                                     |  | 38.82<br>47.81   |              |
|                                      |                                     | Evaporative Cooler/Make up Air                 |                  |              |
| CONTRACTOR                           | - Fireplace                         | Fire/Smoke or Fire Dampers                     |                  |              |
| Mailing Address                      | ·                                   | Furnace up to 100,000 BTU                      |                  |              |
| City/Zip                             | Furnace up to 100,000 BTU           |  | 62.73<br>91.22   |              |
| Phone Number                         |                                     | Up to/including 5                              | 53.78            |              |
| State License Number                 | (Enter # of outlets)                | Over 5 (each)                                  | 8.95             |              |
|                                      | Heater: Floor/Unit/Recessed Wall    |  | 62.73            |              |
| -maii                                |                                     | al Exhaust Hood/System                         |                  |              |
|                                      | (Enter Valuation)                   |  |                  |              |
| <u>ENGINEER</u>                      | Miscellaneous (Enter Va             | Miscellaneous (Enter Valuation)                |                  |              |
| Mailing Address                      | Registers (Supplies & Re            | Registers (Supplies & Returns)                 |                  |              |
| City/Zip                             | Repair/Alteration to Exis           | Repair/Alteration to Existing System           |                  |              |
| Phone Number                         |                                     | Single Duct Exhaust/Supply Fan/Vent            |                  |              |
| Email                                | Test Witness Fee (Hood/Shut Off)    |  | 256.96           |              |
| <del></del>                          | VAV Box                             |  |                  |              |
| ARCHITECT                            | VAV Box with Heating Coil or Fan    |  | 38.82<br>56.74   |              |
|                                      |                                     | VAV Box with Heating Coil and Fan              |                  |              |
| Mailing Address                      |                                     | Ventilation System up to 1,000 CFM             |                  |              |
| City/Zip                             |                                     | Ventilation System 1,001-3,000 CFM             |                  |              |
| Phone Number                         |                                     | 3,000 CFM                                      | 128.48           |              |
| Email                                | Tochnology Surchargo                | 49/ applies to all 4                           | iooc .           |              |
|                                      | Plan Check Fee:                     | <u>Technology Surcharge:</u> 4% applies to all |                  | nit foo      |
| AGENT/OTHER                          | —                                   | city i lan check.                              | 75% OI PEII      | int ice      |
| Address                              |                                     | Outsourced Struc                               | tural Plan C     | heck: 25% of |
| City/Zip                             |                                     | permit fee for City Administrative             |                  | ative        |
| Phone Number                         |                                     | processing and review plus Outside             |                  | Outside      |
|                                      |                                     | Consultant direct                              | cost             |              |
| Email                                |                                     |  |                  |              |

# ALL APPLICANTS MUST CAREFULLY REVIEW AND CHECK ALL THAT APPLY

#### **APPLICATION FOR MECHANICAL PERMIT – PAGE 2**

# THE FOLLOWING REQUIRE IN-HOUSE PLAN CHECK: Install new or replace commercial kitchen hood Cannabis related project THE FOLLOWING MAY QUALIFY FOR IN-HOUSE PLAN **CHECK:** Installing new rooftop unit of 400 lbs. or greater. If no change to existing building structure is required, must provide stamped letter from structural engineer. Any changes to structure will require separate Building permit. Work area is 10,000 to 20,000 square feet ☐ Installing total aggregated, nominal tonnage A/C system, 9 - 15 ton, additional or new Construction of new multi-unit residential building with 3 or 4 units THE FOLLOWING WILL REQUIRE PLAN CHECK BY A THIRD PARTY REVIEWER: Work area is over 20,000 square feet Installing total aggregated, nominal tonnage A/C system, 15 ton or larger, additional or new Installing smoke evacuation system Installing environmental exhaust system (garage ventilation) or product conveying exhaust Construction of new multi-unit residential building over 4 units

<u>Note</u>: If any of the items above are checked, plan check will be required.

#### The procedure for plan check is as follows:

- Submit two sets of mechanical plans along with a completed Mechanical Permit Application to Building Safety for review.
- When applicable, mechanical engineer to certify that project will conform to the Culver City Cannabis Ordinance including certification and performance of odor absorbing ventilation / exhaust system.
- Plan checks going to a third party reviewer may require an architectural set of plans for reference.
- Reviews will take approx. 10-15 business days.





PLANNING DIVISION

(310) 253-5710 • FAX (310) 253-5721

Community Development
Department
Current Planning Division

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

## **Application for Mechanical/Utility Equipment**

| LOCATION OF EQUIPMENT:            | ☐ Ground-Mounted                | ☐ Roof-Mounted  |   |
|-----------------------------------|---------------------------------|---|---|
| Date:                             |                                 | Permit No.:   |   |
| Project Address:                  |                                 |   |   |
| Applicant Name:                   |                                 |   |   |
| Description of Work:              |                                 |   |   |
|                                   |                                 |   |   |
| • SUBMITTAL CHECKLIST:            |                                 |   |   |
| ☐ Site Plan                       |                                 |   |   |
| •                                 | screening is required. See Scre | •   |   |
|                                   | 9                               | d for new or replacement roof-mounted<br>sufficiently provide screening as required |   |
|                                   | •                               | irements for roof-mounted equipment   |   |
| screening on the roof. Contact th | ,                               |   | • |

#### • ALLOWED PROJECTIONS (CCMC 17.300.025.E):

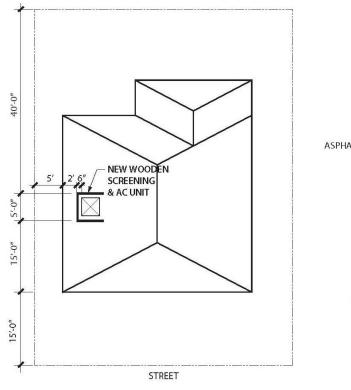
| Projecting Features   | Maximum Allowed Projection Into<br>Required Setback Area |           |           |  |
|---|--|-----------|-----------|--|
|   | Front  | Side      | Rear      |  |
| Equipment - Air conditioners, ground mounted water heaters, fixed barbecues, sinks, fixed counters, and similar equipment | 24 inches  | None      | 24 inches |  |
| Equipment - Electric, gas meters and wall mounted water heaters   | 24 inches  | 18 inches | 24 inches |  |

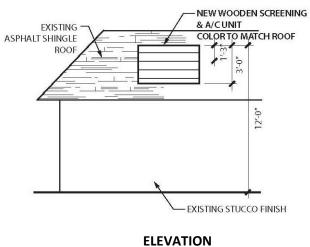
#### • SCREENING REQUIREMENTS (CCMC 17.300.035.C):

- 1. Mechanical equipment (e.g. air conditioning, heating, exhaust, and ventilation ducts, etc.), loading docks, refuse and recyclable materials storage areas, and utility services shall be screened from public view from adjoining public street and rights-of-way and surrounding area(s) zoned for residential or open space uses as determined by the Director.
- 2. The method of screening shall be architecturally compatible with other on-site development in terms of colors, materials, and architectural style as determined by the Director.
- 3. Plant materials shall be installed adjacent to the walls, at the discretion of the Director, in compliance with Chapter 17.310 (Landscaping).
- 4. All mechanical equipment screening shall be subject to review and approval by the Director and Fire Department.

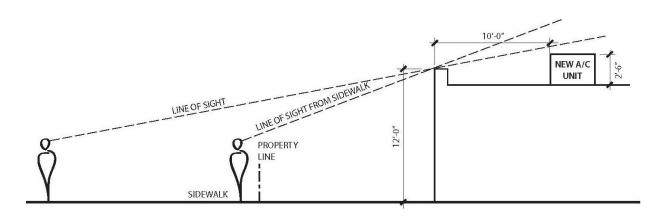
## • DRAWING EXAMPLES (all drawings shall be drawn to scale):

Note: Dimensions are for example purposes only. Refer to appropriate Section(s) for development standards.





**SITE PLAN** 

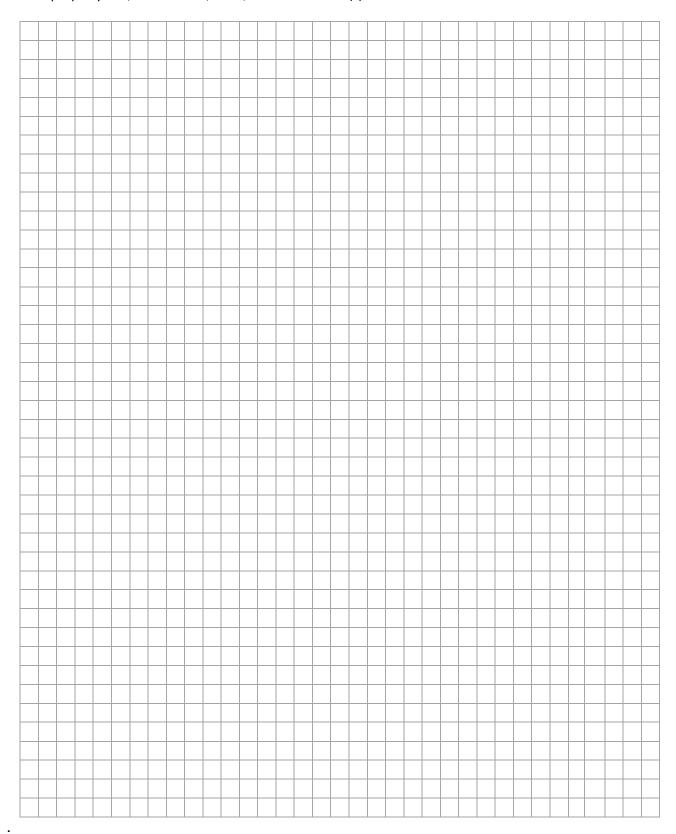


## **LINE OF SIGHT DRAWING**

(Required for unscreened roof-mounted units)

### **SITE PLAN**

Include the following: Property lines, building footprint(s), dimensioned setbacks, equipment dimensioned to the nearest property line, north arrow, scale, and street name(s).



3