REVOCABLE PERMIT INTER-DEPARTMENTAL ROUTING TRANSMITTAL

	Cit	ty of Los Ang	eles – Burea	au of Engin	eering			
Submittal of:								
R-Permit Ref. No	:		Thomas Guide:		ıide:			
Project Location:	:		Work Order:					
Applicant:								
Contact:			Phone:					
Address:				Email:				
					•		_	
TO:				Date Subi	Date Submitted:			
Name:	Ed	Edward Arrington			Phone:		213-485-1694	
Bureau/Group:	Design Standa	Design Standards & Investigation Group			Email:		Edward.arrington@lcity.org	
Location:	Location: 1149 S. Broadway, Suite 635			Mail S	Mail Stop:			
PLEASE REVIEW AND RETURN TO:				Date Subi	Date Submitted:			
Name:			Phor	Phone:				
District/Division:				Ema	Email:			
Location:	Location:			Mail S	Mail Stop:			
				,				
	Date Signed	Recommendation (Ch			(Check One)			
Reviewer Name		Approved Approved w/					Hours Worked	
			(see comments)					
Comments:								