



Permit Application Number

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## BUILDING PERMIT/PLAN CHECK/ CERTIFICATE OF OCCUPANCY APPLICATION

Project Address:					Suite/Unit/Floor
Description of Work:					Floor Area (S/F)
					Valuation (\$)
Use:	Occupancy:	Occupant Load:	Stories:	Construction Type:	Sprinklers (Yes/No):
Scope of Work ( <b>CHECK</b> Applicable Box) <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Conversion <input type="checkbox"/> Demolition <input type="checkbox"/> Reroof <input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Sign <input type="checkbox"/> Photovoltaic Panels <input type="checkbox"/> Repair <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical					

### APPLICANT'S INFORMATION

Name	Address	Phone
Applicant's Status/Role ( <b>CHECK</b> Applicable Box) <input type="checkbox"/> Owner/Builder <input type="checkbox"/> Architect/Engineer/Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Agent/Employee <input type="checkbox"/> Other:		ID/Driver License No.

### LEGAL PROPERTY OWNER'S INFORMATION

Name	Address	Phone
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### CONTRACTOR'S INFORMATION

Name	Address	Phone
City Business License No.	State License No.	Class
Worker's Compensation Carrier	Policy No.	Expiration Date

### ARCHITECT'S INFORMATION

Name	Address	Phone
State License No.	Expiration Date	

### ENGINEER'S INFORMATION

Name	Address	Phone
State License No.	Expiration Date	

**PLANS CHECK SUBMITTAL: COMPLETE ADDITIONAL INFORMATION ON BACK OF THIS FORM.**



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Empty rectangular box for Permit Application Number.

# PLAN CHECK SUBMITTAL

Project Address:		Submittal Date:
Contact Name:	Phone:	Target Date:

### PLANS AND DOCUMENTS TO BE SUBMITTED (*CHECK Applicable Boxes*)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Architectural Plans | <input type="checkbox"/> Civil/Grading/Drainage Plans | <input type="checkbox"/> Structural Calculations      |
| <input type="checkbox"/> Structural Plans    | <input type="checkbox"/> Landscape Plans              | <input type="checkbox"/> Soils Report                 |
| <input type="checkbox"/> Electrical Plans    | <input type="checkbox"/> Retaining walls Plans        | <input type="checkbox"/> Title 24 Energy Calculations |
| <input type="checkbox"/> Mechanical Plans    | <input type="checkbox"/> Other: _____                 | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Plumbing Plans      | _____   | _____   |

### PLAN CHECK AUTHORIZATION. Please **CHECK** the boxes below as you read them:

- NOTE 1:** The plans review fees paid will covers the first 3-plans review submittals. Additional hourly fees will be assessed for fourth and successive plans reviews, if plans are incomplete and/or corrections have yet been addressed or completed.
- NOTE 2:** Incomplete plans will be returned. However, this will still constitute the 1<sup>st</sup> plans review and additional fees may be assessed for the fourth and subsequent reviews.
- NOTE 3:** Plan check is valid for 180 days with one extension.

Please **CHECK** the appropriate box/boxes below for desired plans review services:

<b>Plans Review Services</b>	
<input type="checkbox"/> <b>Regular</b> Plans Check Service	<input type="checkbox"/> Revisions
<input type="checkbox"/> <b>Expedited</b> Plans Check Service ( <i>additional fees required</i> )	<input type="checkbox"/> Plumbing/Mechanical/Electrical

I have read and understand the above statements and authorize City staff to perform plans review for the project.

<i>Applicant's Signature</i>	<i>Please Print Full Name</i>	<i>Date</i>
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<b>FOR CITY USE ONLY</b>	
<b>PLANS DISTRIBUTION:</b>	<input type="checkbox"/> CORRECTION. <i>List Attached</i>
Building and Safety: _____	<input type="checkbox"/> APPROVED
Planning: _____	Checked By: _____
Engineering: _____	