



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 (\$)
Scope of Work (CHECK 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	

APPLICANT'S INFORMATION

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

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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PLAN CHECK SUBMITTAL

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

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

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|---|---|---|
| <input type="checkbox"/> Architectural Plans | <input type="checkbox"/> Structural Calculations | <input type="checkbox"/> Plumbing Plans (<i>see note below</i>) |
| <input type="checkbox"/> Structural Plans | <input type="checkbox"/> Title 24 Energy Calculations | <input type="checkbox"/> Mechanical Plans (<i>see note below</i>) |
| <input type="checkbox"/> Civil/Grading/Drainage Plans | <input type="checkbox"/> Soils Report | <input type="checkbox"/> Electrical Plans (<i>see note below</i>) |
| <input type="checkbox"/> Plans Revisions | <input type="checkbox"/> Plans Revisions | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

NOTE: For Commercial spaces, complete the PME Plans Check checklist. Additional Plan Check fees may be required.

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

- NOTE 1:** The plans review fees paid will covers the 1st and 2nd plans review. Additional hourly fees will be assessed for third 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 1st plans review and additional fees will be assessed for the third and subsequent reviews.
- NOTE 3:** Additional Fees will be assessed on an hourly basis for the third and subsequent reviews and/or revisions to approved plans. A TWO-hour minimum deposit will be required at submittal/resubmittal.
- NOTE 4:** Plan check is valid for 180 days with one extension.

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

<p>BUILDING Division Review</p> <input type="checkbox"/> Regular Plans Check Service (1 st & 2 nd reviews)	<p>FIRE Department Review</p> <input type="checkbox"/> Regular Plans Check Service (1 st & 2 nd reviews)
<input type="checkbox"/> Expedited Plans Check Service (1st & 2 nd reviews)	<input type="checkbox"/> Expedited Plans Check Service (1st & 2 nd reviews)
<input type="checkbox"/> Revisions or Plumbing/Mechanical/Electrical	

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

Applicant's Signature

Please Print Full Name

Date

FOR CITY USE ONLY

Description of Work:				<input type="checkbox"/> CORRECTION. <i>List Attached</i> <input type="checkbox"/> APPROVED
				Checked By:
Construction Type	Occupancy	Sprinklers? (Y/N)	Valuation:	Plan Check Fee: