

Building and Safety Department

Plan Check/Permit Worksheet

Project Number _____

Please circle plan check or permit above and complete front side of this form

Project Address _____ Tract # _____ Lot(s) # _____

Description of Work _____

Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. or L.F. _____ Valuation _____

- Type of Permit NEW ADD/ALTER/REPAIR DEMO OTHER
- Commercial Industrial Retail Residential-Sgl Fam. Residential-Multi Fam. Residential-Mfg Home
- Foundation Structural Pool/Spa Electric Plumbing Mechanical Sign Other

Complete the following items that apply to your project

Owner/Tenant _____	Customer ID# _____	Business Name _____	Phone # _____
Address _____		City Business Lic.# _____	Fax # _____
City/State/Zip _____		E-Mail _____	Cell # _____

Applicant/Contact _____	Customer ID# _____	Business Name _____	Phone # _____
Address _____		City Business Lic.# _____	Fax # _____
City/State/Zip _____		E-Mail _____	Cell # _____

Contractor _____	Customer ID# _____	State Lic.#/Class _____	Phone # _____
Address _____		Expiration Date _____	Fax # _____
City/State/Zip _____		City Business Lic.# _____	Email _____

Architect _____	Customer ID# _____	License #/Type _____	Phone # _____
Address _____		Expiration Date _____	Fax # _____
City/State/Zip _____		City Business Lic.# _____	Email _____

Engineer _____	Customer ID# _____	License #/Type _____	Phone # _____
Address _____		Expiration Date _____	Fax # _____
City/State/Zip _____		City Business Lic.# _____	Email _____

BUILDING DEPARTMENT REQUIREMENTS:

Soil Report Required Yes No

Special Soils Study Zone Yes No

Priv. Sewage Disposal Sys Yes No

Occupancy _____

Type of Construction _____

No. of Units _____

No of Stories _____

Sprinklers Yes No

Haz Mat Yes No

C.S.L.B. Verified Yes No

Worker's Comp Ins Yes No

Policy Carrier _____

Policy Number _____

Building Set Fee \$ _____

Date _____ Receipt # _____

Verification of Above: _____

Initials _____ Date _____

Comments: _____

Building Approval to Issue Permit:

Signature **Date**

PLANNING DEPARTMENT REQUIREMENTS:

Review Required Yes No

Assessor's Parcel # _____

Tract or Parcel Map # _____

Parcel/Lot (s) _____

Zoning _____

Zoning Use Permit Yes No

Plan Check Corrections: None Attached

Comments: _____

Planning Approval to Issue Permit:

Signature **Date**

FIRE DEPARTMENT REVIEW

Review Required Yes No

Fire Set Fee \$ _____

Date _____ Receipt # _____

Plan Check Corrections: None Attached

Comments: _____

Fire Approval to Issue Permit:

Signature **Date**

ENGINEERING DEPARTMENT REQUIREMENTS:

Review Required Yes No

FEMA Flood Zone Yes No

Alquist-Priolo Zone Yes No

Hillside or Hazard Zone Yes No

Mitigation Fees Due: (New Construction, Add Sq Ft, Change of use)

K-Rat Yes No

Area Drainage Yes No

MSHCP Yes No

DIF Yes No

TUMF Yes No

Other _____

Grading Permit Required Yes No

Permit # _____

Encroachment Permit Yes No

Permit # EPO- _____

Verification of Above: _____

Initials _____ Date _____

Plan Check Corrections: None Attached

Comments: _____

Engineering Approval to Issue Permit:

Signature **Date**