



Project Address: _____ Date: _____

PROPERTY OWNER:
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____

RESPONSIBLE PARTY DURING PLAN CHECK:

- Architect, Engineer, Designer, Permit Runner/Agent

NAME: _____ PHONE: _____

EMAIL: _____

CONTRACTOR:
Business Name: _____
ADDRESS: _____ CA LIC. #: _____
CITY/STATE/ZIP: _____
CONTACT (name/phone #): _____
EMAIL: _____

PROJECT INFORMATION DESCRIPTION:

Scope of Work: _____

Check all boxes that apply:

Grid of checkboxes for project types: NEW STUCTURE, EXISTING, COMMERCIAL/Industrial, ELECTRICAL, ADDITION, 1 & 2 FAMILY DWELLING, PLUMBING, REMODEL, MULTI FAMILY DWELLING, MECHANICAL, SIGNS, DEMO

Plan Check Amount: \$ _____ Permit # _____

Valuation: \$ _____ Square Footage: (new) _____ (existing) _____

OFFICE USE ONLY

Received by: _____ Date: _____

Application/Permit No: _____ APN: _____

Contractor has active Business License: # _____

Is this project an ADU/JADU: Yes No

Legalization of Existing: Yes No

Did this project receive approval by Planning Commission? Yes No

Routed to:

- Building In-house review Outside Plan Check – Picked up on: _____
- Planning
- Engineering
- Fire

Plans Reviewed and Approved:

- Building Building Official QC Initials: _____ Date: _____
- Planning Initials: _____ Date: _____
- Engineering Initials: _____ Date: _____
- Fire Initials: _____ Date: _____

Permit Issued by: _____ Date: _____

SUBSTANTIAL IMPROVEMENT: Project at _____ % as of _____