



Planning, Building and Code Enforcement

Plan Review Submittal Package

City staff to assign: PLAN CHECK #:

PLAN REVIEW SUBMITTAL FORM

The Applicant is to complete this form and enter all information relevant to the project. If not applicable, write N/A.

This package helps ensure a successful submittal of plans and documents for plan review. It includes the following forms:

REQUIRED FOR ALL PROJECTS

- Plan Review Submittal Form
- Minimum Document Submittal Checklist
- Building Occupancy Classification Inventory Form
- Construction Valuation Form

REQUIRED AS APPLICABLE

- Incomplete Submittal Form
- Industrial Use Designation Form
- Accessibility Compliance Form

Other forms may also apply depending on your project.

PLAN SUBMITTAL REQUIREMENTS

See page 2 for sheet size, number of plan sets, calculation requirements, and clearance information.

San José Permit Center
 San José City Hall
 200 E. Santa Clara St.
 San José, CA 95113
 408-535-3555
www.sanjoseca.gov/building

TRACT #:	APN #:
PROJECT ADDRESS:	
APPLICANT check one:	<input type="checkbox"/> Developer <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Agent
APPLICANT ADDRESS:	
DESIGN FIRM if any:	
TENANT NAME if any:	

CONTACT INFORMATION FOR THE APPLICANT AND EACH TYPE OF TRADE PLAN SUBMITTED

	NAME	PHONE #	EMAIL
APPLICANT:			
BUILDING:			
PLUMBING:			
MECHANICAL:			
ELECTRICAL:			
FIRE:			

PROJECT AND PLAN INFORMATION

TYPE OF PROJECT check one:	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration Non-Structural <input type="checkbox"/> Alteration Structural <input type="checkbox"/> Demolition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Addition <input type="checkbox"/> Fire Damage <input type="checkbox"/> Other: _____
TYPE OF USE check one:	<input type="checkbox"/> Residential <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Lab <input type="checkbox"/> Manufacturing <input type="checkbox"/> Speculative <input type="checkbox"/> Service Station <input type="checkbox"/> Bar/Restaurant <input type="checkbox"/> Clinic <input type="checkbox"/> Storage <input type="checkbox"/> Wholesale Food <input type="checkbox"/> Other: _____
TYPE OF PLANS:	Check each type being submitted for review: <input type="checkbox"/> Planning/Site <input type="checkbox"/> Building/Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Fire
SCOPE OF WORK:	Briefly describe:

EXISTING FLOOR AREA (SF):	AREA OF WORK (SF):
PROPOSED FLOOR AREA (SF):	NO. OF STORIES:
NEW TOTAL FLOOR AREA (SF):	TYPE OF CONSTRUCTION:

Have you obtained a planning permit? No Yes, the Permit Number is: _____

Does the building have: Sprinklers No Yes Heating No Yes Cooling No Yes

Does the project affect the storage or use of hazardous materials on this site? No Yes

DISABLED ACCESS PROVISIONS: check one: Full Compliance Equivalent Facilitation Unreasonable Hardship

● APPLICANT SIGNATURE PRINT NAME DATE

PLAN SUBMISSION REQUIREMENTS

To ensure a successful submittal, please follow these plan submission requirements:

<p>PLAN SET REQUIREMENTS</p> <p>Submit 3 sets of all plans PLUS 2 sets of any listed item that applies to your project:</p> <p>Sheet size: 18" X 24" or 24" X 36"</p> <p>Sets must be divided if they weigh more than 25 pounds</p>	<i>Item</i>	<i>Reviewed by</i>
	Electrical Plan	Building Division
	Mechanical Plan	Building Division
	Plumbing Plan	Building Division
	Plans showing changes to site or exterior of building	Planning Division
	Hazardous materials to be on site	Fire Prevention Bureau
<p>Put plans, as applicable, in this order:</p> <ul style="list-style-type: none"> ▪ Cover Sheet with project description ▪ Special Conditions - Planning Conditions, Alternate Design, Accessibility, or Deferred Submittals ▪ Site Plan, Grading Plan, Landscape Plan ▪ Architectural Plan, Elevations ▪ Structural Plan, Details ▪ Electrical Plan ▪ Mechanical Plan ▪ Plumbing Plan ▪ Title 24 Energy Documents <p>Note: Architect or engineer of record is to stamp and sign all pages and wet sign/wet stamp the cover page for Plan Sets and Calculations at the time of permit issuance.</p>		
<p>CALCULATION REQUIREMENTS</p> <p>Submit 2 sets</p>	<p>Required calculations may include:</p> <ul style="list-style-type: none"> ▪ Structural calculations, vertical and lateral loads ▪ Title 24 Energy Calculations and forms for: <ul style="list-style-type: none"> - New construction or alteration of the existing building envelope - Changes to the HVAC system, except for equipment replacements - Replacement of 50 percent or more of the lighting fixtures in the area being permitted 	
<p>OTHER APPROVALS OR CLEARANCES</p> <p>as applicable</p>	<i>Condition or Feature of Proposed Project</i>	<i>Reviewed by</i>
	Flood zone, geologic hazards, grading, or other clearances	City Public Works Department 408-535-8300
	Projects that affect or include fire sprinklers, fire alarms, or hazardous material storage	City Fire Prevention Bureau 408-535-7750
	Regional Wastewater Facility approval is required for: <ul style="list-style-type: none"> ▪ Food and Drinking Establishments ▪ Public Swimming Pools ▪ Manufacturing Discharge 	City Environmental Services Department 408-277-5700
	County Health Department approval is required for: <ul style="list-style-type: none"> ▪ Food and Drinking Establishments ▪ Public Swimming Pools 	County Health Department 408-918-3400

MINIMUM PLAN & DOCUMENT SUBMITTAL CHECKLIST - PAGE 1 OF 2

Applicants are to first complete and sign this checklist. At project intake, City staff will check the submittal for inclusion of appropriate plans and documents. During Plan Review, City staff will check the sufficiency of the documents.

PROJECT ADDRESS:	
TYPE OF USE check one:	<input type="checkbox"/> Residential <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Lab <input type="checkbox"/> Manufacturing <input type="checkbox"/> Speculative <input type="checkbox"/> Service Station <input type="checkbox"/> Bar/Restaurant <input type="checkbox"/> Clinic <input type="checkbox"/> Storage <input type="checkbox"/> Wholesale Food <input type="checkbox"/> Other: _____

• APPLICANT SIGNATURE

PRINT NAME

DATE

	Applicant Enter X for items being submitted	City Intake Is document required?	Plan Review ✓ sufficiency
IN ADDITION TO THIS PACKAGE, OTHER FORMS REQUIRED FOR THIS PROJECT			
Building Permit Application		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reroof Project Worksheet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit Cost Estimate Worksheet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Request for Address Assignment Form if new construction		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUILDING PLAN SUBMITTAL CHECKLIST			
Engineer/Architect Stamp & Signature for final approval		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cover Sheet states Scope of Work, Square Footage, and as applicable: Type of Construction, Occupancy Groups, Planning Permit Conditions, Alternate Design Conditions, Accessibility Requirements, and Deferred Submittals		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plot Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landscape Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Architectural Plans including Elevations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Structural Framing Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cross Section/Details		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Plan - see page 2 of checklist		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanical Plan- see page 2 of checklist		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing Plan - see page 2 of checklist		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title 24 Energy Documents		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SUPPORT DOCUMENTS			
Structural Calculations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soil Report		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seismic Hazard Zone Report		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Energy Calculations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract or estimate to substantiate valuation if Commercial/Industrial project		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTINUED >

MINIMUM PLAN & DOCUMENT SUBMITTAL CHECKLIST - CONTINUED PAGE 2 OF 2

Not all Trade Plans are necessarily included in a project; complete only those sections that apply.

	Applicant Enter X for items being submitted	City Intake Is document required?	Plan Review ✓ sufficiency
ALL TRADE PLAN SUBMITTALS NEED TO INCLUDE			
Building Permit Application		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor Plan with dimensions, Legend for symbols		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title 24 Energy Documents		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regional Wastewater Facility Approval as applicable to project		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Health Department Approval as applicable to project		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELECTRICAL PLAN SUBMITTAL CHECKLIST			
Single Line Diagram including Main Switch Board		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Load Calculations including Main Switch Board		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Panel Schedules		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor Plan shows power circuitry and panel locations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reflected Ceiling Plan shows circuitry and Title 24 switching		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Plan shows roof mounted equipment and service receptacles		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Room Floor Plan with dimensions in 1/4" scale minimum		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AIC rating on new electrical service		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Letter from PG&E for available fault current at Main Service		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Cell Site: Battery Electrolyte Quantity and Signage per NEC 702.8		<input type="checkbox"/> Yes <input type="checkbox"/> No	
MECHANICAL PLAN SUBMITTAL CHECKLIST			
Mechanical Equipment Schedule, rated in BTUs/hours		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Locations, list sizes and materials, provide legend for symbols		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations of air dampers, fire dampers, and smoke-fire dampers		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations of combustion-products-type smoke detectors		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire-Resistive Separation Details		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Corridor Construction Details, show openings and penetrations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC Plan, show all units and duct sizes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Plan, show equipment locations, distances from exhaust or make-up air to building openings and to property lines		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cut Sheets on hoods, exhaust fans, make-up air units, and equipment under hoods		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculations for all hoods		<input type="checkbox"/> Yes <input type="checkbox"/> No	
For Spray Booth, provide copy of approved spray booth listing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PLUMBING PLAN SUBMITTAL CHECKLIST			
Plumbing Fixture Schedule		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Material List for all types of Piping		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste and Vent - One line Plumbing Plan and Isometric Drawing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas Piping - One line Plumbing Plan, Isometric Drawing, Gas Appliance List w/BTUs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Piping - One line Plumbing Plan and Isometric Drawing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculation for Water Pipe Sizing and Low and High Static Water Pressure		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Condensate Piping - One line Plumbing Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF Spray Booth, show water supply and backflow protection for any water wash down filter system, and show method of wastewater disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Planning, Building and
Code Enforcement

Building Occupancy Classification Inventory Form

This form is used to determine building occupancy for new buildings or tenant improvements.
See page 2 for instructions. Print additional pages if needed.

PLAN CHECK #:	PROPOSED OCCUPANCY CLASSIFICATION:
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● SIGNATURE of Preparer

PRINT Name

DATE

CONTROL AREA #:		Is this area protected by a fire sprinkler system? <input type="checkbox"/> YES <input type="checkbox"/> NO					
1. Room No.	2. Chemical Name and Concentration (not trade name)	3. CBC Class *		4. Quantity Stored	5. Quantity in Use *		6. Stored in Approved Cabinet
		Physical	Health		Open	Closed	
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No

*See the reverse side of this form for a list of UBC hazard Classes and definitions of Open and Closed use.

Please number pages appropriately.

PAGE _____ OF _____ 0000000

INSTRUCTIONS

BUILDING OCCUPANCY CLASSIFICATION INVENTORY FORM

Correct building occupancy classification is important and determines the standard to which your plans will be reviewed. This form assists in expediting the review process. It does NOT replace or satisfy Hazardous Materials Business Plan (HMBP) Inventory reporting requirements.

Complete a separate inventory for each control area or a single inventory for the entire building if control areas are not established. Group materials within each room according to primary California Fire Code (CFC) hazards, then indicate additional physical and health hazards. If several classes are given (e.g., Oxidizer 4, 3, 2, 1), then indicate the appropriate one.

Physical Hazards *	Health Hazards *
Combustible Liquid	Class II, IIIA, IIIB Corrosive
Combustible Fiber	loose, baled Highly Toxic
Consumer Fireworks (Class C, Common)	1.4G Toxic
Cryogenics, flammable	
Cryogenics, oxidizing	
Explosives – Division 1.1, 1.2, 1.3, 1.4, 1.4G, 1.5, 1.6	
Flammable Gas – gaseous, liquefied	
Flammable Liquid – Class IA, IB, IC; Combination IA, IB, IC	
Flammable Solid	
Organic Peroxide – UD, Class I, II, III, IV, V	
Oxidizer – Class 4, 3, 2, 1	
Oxidizing Gas – gaseous, liquefied	
Pyrophoric Material	
Unstable (reactive) – Class 4, 3, 2, 1	
Water Reactive – Class 3, 2, 1	

* Definitions of physical hazards and health hazards can be found in the California Fire Code.

DEFINITIONS

Closed System – The use of a solid or liquid hazardous material involving a closed vessel or system that remains closed during normal operations where vapors emitted by the product are not liberated outside of the vessel or system and the product is not exposed to the atmosphere during normal operations; and all uses of compressed gases. Examples of closed systems for solids and liquids include product conveyed through a piping system into a closed vessel, system, or piece of equipment.

Control Area – Spaces within a building where quantities of hazardous materials not exceeding the maximum allowable quantities per control area are stored, dispensed, used or handled. Refer to IBC Section 414.2 for additional information regarding control areas.

Open System – The use of a solid or liquid hazardous material involving a vessel or system that is continuously open to the atmosphere during normal operations, and where vapors are liberated or the product is exposed to the atmosphere during normal operations. Examples of open systems for solids and liquids include dispensing from or into open beakers or containers; dip tank operations; and plating tank operations.

EXAMPLE

This example below demonstrates how to enter the data:

Room No.	Chemical Name and Concentration (not trade name)	CBC Class *		Quantity Stored	Quantity in Use *			Stored in Approved Cabinet
		Physical	Health		Open	Closed		
101	Acetone	FL 1B	+Irr	20 <input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	5 <input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> ft. ³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



Construction Valuation Form

Planning, Building and
Code Enforcement

Construction valuation is the total cost of construction work, including contractor’s overhead and profit, for which the building permit is issued. Include the cost of all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire alarm and fire extinguishing systems, and all other permanent work or permanent equipment that are part of the project.

CONSTRUCTION VALUATION

Provide these numbers if you have them at this time:

PLAN CHECK #:	BUILDING PERMIT #:
---------------	--------------------

PROJECT NAME:			
PROJECT ADDRESS:	Number:	Street:	City: San Jose Zip:
THE ESTIMATED PROJECT VALUATION IS:	\$		

I hereby affirm that the above information is correct:

● SIGNATURE of Property Owner OR Authorized Agent PRINT Name DATE

● SIGNATURE of Contractor PRINT Name DATE

OFFICE USE ONLY

● STAFF Name DATE
If valuation is not associated with listed building division minimums, supervisor must sign:

● SUPERVISOR SIGNATURE PRINT Name DATE
If valuation changes more than 25% or \$100,000, Chief Building Official must sign:

● CHIEF BUILDING OFFICIAL SIGNATURE PRINT Name DATE



Incomplete Submittal Form

Planning, Building and Code Enforcement

PLAN CHECK #:

This form is required when the project applicant is submitting either incomplete plans or an inadequate number of plan sets for the plan review process.

CITY STAFF to complete this section:

PROJECT ADDRESS:																																						
STAFF NAME:	DATE:																																					
<input type="checkbox"/> Inadequate number of plan sets; the number of sets remaining to be submitted before starting plan review is: _____ <input type="checkbox"/> The plan sets are incomplete; the following information is needed before starting plan review: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> The applicant has decided not to make concurrent submittal for the following items: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="font-size: small;">Enter Y/N</th> <th style="font-size: small;">Required</th> <th style="font-size: small;">Submitted</th> </tr> </thead> <tbody> <tr><td style="font-size: small;">Architectural Plan</td><td></td><td></td></tr> <tr><td style="font-size: small;">Structural Plan</td><td></td><td></td></tr> <tr><td style="font-size: small;">Electrical Plan</td><td></td><td></td></tr> <tr><td style="font-size: small;">Mechanical Plan</td><td></td><td></td></tr> <tr><td style="font-size: small;">Plumbing Plan</td><td></td><td></td></tr> <tr><td style="font-size: small;">Fire/HazMat</td><td></td><td></td></tr> <tr><td style="font-size: small;">Planning Division Clearance</td><td></td><td></td></tr> <tr><td style="font-size: small;">Public Works Clearance</td><td></td><td></td></tr> <tr><td style="font-size: small;">County Health Approval</td><td></td><td></td></tr> <tr><td style="font-size: small;">Wastewater Facility Approval</td><td></td><td></td></tr> <tr><td style="font-size: small;">Other:</td><td></td><td></td></tr> </tbody> </table>		Enter Y/N	Required	Submitted	Architectural Plan			Structural Plan			Electrical Plan			Mechanical Plan			Plumbing Plan			Fire/HazMat			Planning Division Clearance			Public Works Clearance			County Health Approval			Wastewater Facility Approval			Other:		
Enter Y/N	Required	Submitted																																				
Architectural Plan																																						
Structural Plan																																						
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Planning Division Clearance																																						
Public Works Clearance																																						
County Health Approval																																						
Wastewater Facility Approval																																						
Other:																																						

APPLICANT to complete and sign this section:

STATEMENT OF INCOMPLETE SUBMITTAL

I understand that an incomplete submittal may result in delays in plan review, permit issuance, inspections, and construction, and may lead to additional costs. However, I am making an incomplete submittal for the following reason (please briefly explain):

The anticipated date to submit remaining plans is: _____

I am the:

- check one: Developer Owner Tenant Architect Engineer Contractor Authorized Agent

● SIGNATURE PRINT NAME DATE

EMAIL ADDRESS PHONE #



Industrial Use Designation

Planning, Building and Code Enforcement

For purposes of a reduced development tax, this form enables any project with a planned industrial use to document the proposed use in accordance with the City [Policy on Industrial Use Designations](#). This policy lists acceptable industrial use categories.

For speculative shell permits. If the eventual use is not a designated industrial use, the commercial tax rate will be retroactively assessed on the construction valuation of the entire shell building at the time the initial finish interior permit is issued.

LISTED INDUSTRIAL USE CATEGORY:	
PROJECT NAME:	
PLAN CHECK #:	
PROPERTY ADDRESS:	

Provide a detailed description of what the company manufactures or produces:

DESCRIPTION OF MANUFACTURING PROCESS AND PRODUCTS

I hereby affirm under penalty of perjury the above information is correct and accurately represents the intended use.

● SIGNATURE of Property Owner or Developer PRINT Name DATE

● SIGNATURE of Tenant if applicable PRINT Name DATE



Accessibility Compliance Form

Planning, Building and Code Enforcement

This form provides the Applicant’s verification that the proposed construction will conform to California Building Code accessibility requirements.

ACCESSIBILITY COMPLIANCE DECLARATION

PROJECT ADDRESS:	
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I have surveyed the building at the above address for compliance with required accessibility features per the California Building Code. Proposed alteration work will include any upgrades required to provide compliance with accessibility features serving the area of work as described in section CBC 11B-202. I acknowledge the following scope of required upgrades:

CHECK ONE BOX

- The existing required accessibility features serving the area of work are in conformance with California Building Code.
- Upgrades to the existing condition are proposed to provide full compliance with required accessibility features serving the area of work in conformance with California Building Code.
- The feasibility of the proposed work will be severely impacted if full accessibility compliance is provided. Not all access features will be provided with the proposed scope of work, thus an Unreasonable Hardship determination is sought. Upgrades will be provided for all features not exempted in the approved **Accessibility Unreasonable Hardship Application.**

SIGNATURE	PRINT Name	DATE
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I am the: Project Designer Business Owner Other _____