



**Plan Check Submittal Requirements for
Commercial/Industrial/Multifamily**

Handout No. 2-18
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Plan set requirements

- 3 complete sets of plans minimum are required.
- 1 additional sets is required for Plumbing if sub-trade work is involved
- 1 additional set is required for Mechanical if sub-trade work is involved.
- 1 additional set for Electrical if sub-trade work is involved.
- 1 additional Fire set is required if Hazardous materials are contained within the project.
- 1 additional set for Planning review is required. A Planning review is required if changes are being made to a site or the building exterior.
- Plans should be grouped as follows: cover sheet/project description/special conditions (planning conditions, alternate design conditions, accessibility conditions, deferred submittals), site, grading, landscape, architectural, elevations, structural, details, electrical, plumbing, mechanical and title 24 energy documents.
- Plans must be on suitable size paper. We suggest a minimum of 18" x 24" and maximum of 24" x 36".
- If weight is more than 25 pounds, plan sets must be divided into separate sets.
- All plan pages shall be stamped and signed by the architect or engineer of record at time of permit issuance with the cover page wet stamped and signed.
- Two sets of structural calculations are required for new construction and when structural alterations are proposed. Both sets shall be wet stamped and wet signed on the cover page by the design professional at the time of permit issuance.
- Two sets of energy calculations are required for new construction, when the building envelope changes or alterations are made to, the HVAC system (except for equipment replacement), or lighting changes where more than 50% of the fixtures are being replaced in the area being permitted.
- Plans must be prepared according to published minimum submittal requirements. Refer to appropriate suggested document submittal list.

All plan review submittals for new construction and additions are done over the counter between the hours of 9-11am and 1-3pm without an appointment.

The following must be completed prior to your application:

- Plan Check submittal form completed
- Building Occupancy Classification Inventory Form completed, if hazardous materials are contained within project
- Completion of the Construction Cost Documentation form for commercial industrial projects or the Multifamily Residential Valuation Worksheet for Multifamily projects.

Other Approvals and Clearances

Approvals and/or clearances from other public agencies or City Departments may be required.

- Some Public Works reviews are required prior to completion of plan review (flood zone review and geological hazard review), other clearances (Public Works development clearance and grading permits) are required prior to issuance of a permit. .
- Projects that affect fire sprinkler, fire alarms or hazardous material storage will require review and approval from the Fire Department.
- Health Department and Water Pollution Control approvals are required prior to plan review. Food handling facilities and public swimming pools require these approvals. For Health Department requirements, call (408) 918-3400. For Water Pollution Control (Environmental Services Department), call (408) 277-5700.



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Plan Check Submittal For Commercial Industrial Multifamily

*Project Address: _____
Tract No. _____ APN No. _____
Project Name: _____

Circle Appropriate Scope of Work

New Construction, Tenant Improvement, Non-Structural Alteration, Structural Alteration, Addition, Demolition, Fire Damage, Other

*Describe Scope of Work: _____

Applicant Circle Applicable

Developer, Bldg. Owner, Tenant, Engineer, Architect, Contractor, Other

*Firm _____
*Applicants Address _____
*Tenant Name: _____

List Contact Person for Each Plan Submitted

Name	Phone No.	Fax No.	Email
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*Applicant _____
Building _____
Plumbing _____
Mechanical _____
Electrical _____
Fire _____

Reviews Required Building Plumbing Mechanical Electrical Fire Planning
Plans Submitted Building Plumbing Mechanical Electrical Fire Planning

Planning Permit Obtained: Yes No Permit No. _____

Will this project affect hazardous materials/chemical storage or use on this site? Yes No

Building has: Sprinklers Yes No Heating Yes No Cooling Yes No

General Use Circle Applicable

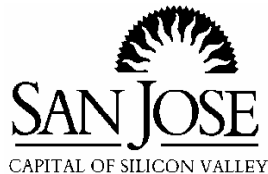
Office, Clinic, Retail, Wholesale Food, Storage, Spec. Space, Service Station, Lab, Manufacturing, Residential

Specific Use: _____ No. of Stories _____
Floor Area: Existing _____ Proposed _____ New Total _____
Area of Work Sq. Ft. _____ Occupancy Group _____ Type of Construction _____

Disabled Access Provisions: Full Compliance Equivalent Facilitation Unreasonable Hardship

THIS FORM MUST BE COMPLETED PRIOR TO COUNTER SERVICE. Fields marked with asterisks are mandatory. Incomplete forms may result in the applicant returning to the waiting area to complete this form and issuance of a new counter service ticket number behind other customers.

Folder No. _____



Building Division Submittal Form

Construction Cost Documentation

Address: _____

PC # _____

BP # _____

Total Construction Cost/Valuation

\$ _____

ICBO Value

\$ _____

Contract Value

The total valuation must include, the total value of all construction work for which the permit is issued, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems and any permanent equipment as well as contractor's profit and overhead.

I hereby affirm that the above information is correct and accurately represents the actual total cost of construction and that I will submit a signed copy of the contract or detailed cost breakdown to substantiate the above-stipulated valuation prior to plan check approval.

Owner/Representative Date

Contractor Date

Office Use Only

- Contract or detailed cost estimate reviewed
- Contract review not required based on Policy UBC 107-1-97

For valuations that are not associated with listed Building Divisions minimums, Supervisory approval is needed.

Staff Name Date

Supervisor Date

Chief Date
Required for valuation changes over 25% or \$100,000



CITY OF SAN JOSÉ, CALIFORNIA

Building Division

INCOMPLETE SUBMITTAL FORM

This form must be completed for all projects having incomplete plan or inadequate number of plan sets.

Project Name: _____ Plan Check No. _____

Project Address: _____

TO BE FILLED OUT BY BUILDING DIVISION STAFF

- Contract to validate submittal valuation not provided
- Inadequate number of plan sets are being submitted. _____ sets of complete plans are remaining to be submitted prior to the start of plan review.
- The plan sets being submitted are incomplete. The following information is lacking which must be provided prior to the start of plan review _____

- The following plan reviews are required, however, the applicant has decided not to make concurrent submittal for the following trades.

	Building	Plumbing	Mechanical	Electrical	Fire	Hazmat	Planning
Required (y/n)	_____	_____	_____	_____	_____	_____	_____
Submitted (y/n)	_____	_____	_____	_____	_____	_____	_____

Staff _____ Date _____

TO BE FILLED OUT BY APPLICANT

We understand that the City of San Jose strongly encourages coordinated and concurrent submittal, review, approval and permit issuance of Building, Plumbing, Mechanical and Electrical plans for projects requiring such reviews. This leads to time and cost savings for both approval and construction of the project. However, for reasons listed below, an incomplete plan check submittal is being made. **We understand that this plan check submittal may result in delays in plan check, permit issuance, inspection and construction completion, leading to additional costs.**

Reasons for incomplete plan submittal and anticipated date of completion of submittal: _____

Architect or engineer of record for the project has been retained to insure compliance with the Section 106.3.4 of the 1997 UBC which states: "The architect or engineer of record shall be responsible for reviewing and coordinating all submittal documents prepared by others, including deferred submittal items, for compatibility with the design of the building".

I understand and accept the above statements:

 Architect or Engineer of Record's Name License No. Signature Phone No. Date

 Applicant's Name Title Signature Phone No. Date

 Owner/Facility Manager's Name Title Signature Phone No. Date

NOTE: If simultaneous plan check submittal is not being made, the Applicant may have to submit two (2) sets of Plumbing, Mechanical or Electrical plans for plan review prior to issuance of Plumbing, Mechanical or Electrical permits. In this case, allow an additional two to three weeks for small projects and four weeks for large projects to complete the initial checking of Plumbing, Mechanical or Electrical plans before issuance for these trades.



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Minimum Document Submittal Checklist - Building

Project Name: _____ PC# _____

Project Address: _____

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

****Residential:** New Alteration ***Com/Ind:** New TI

Submittal Documents	Documents Submitted	Documents Required	
	Applicant	Intake	PC
Project Worksheet Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Permit Form (for express only)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
**Fee Estimate Worksheet Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
**Single Family House Form Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Contract or estimate (to substantiate valuation)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Request for Address Assignment (new construction)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plans			
Engineer/Architect Stamp & Signature (for final approval)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cover sheet stating scope of work & project data: (Type of Const., Occupancy Groups, sq.ft.) also state Alternate Design Conditions, Accessibility Requirements, Planning Permit Conditions & Deferred Submittals		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plot Plan/Site Plan/Grading Plan & Landscape Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Architectural Plans (floor plan & elevations)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Structural Framing Plans		<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	
Plumbing Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanical Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title 24 Energy Plan Sheets		<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	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name

Signature

Date

Building Occupancy Classification Inventory Form

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Plan Check No.: _____ Proposed Occupancy Classification: _____ Signature of Preparer: _____ Date: ____/____/____.

Control Area No.: _____ Is this area protected by a fire sprinkler system? Yes; No.

1. Room No.	2. Chemical Name & Concentration <i>(Not Trade Name)</i>	3. UBC 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
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				<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

* Please see the instructions on the reverse side of this page for a list of UBC hazard classes and definitions of open use and closed use.



Industrial Use Designation

If the intended use is Industrial, one of the designated industrial uses from the Building Division’s Policy on assessing Development Taxes must be identified and a detailed description of what the company manufactures, produces or service provided must be detailed.

Listed Industrial Use Category: _____

Project Name: _____ Plan Check No. _____

Address: _____

Description of manufacturing process and products:

For speculative shell permits, if the initial 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.

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

(Signature) Owner/Developer

(Signature) Tenant

Name

Name

Date

Date



**Building Division Accessibility Compliance-
Existing Buildings Form**

I have surveyed the building at _____ 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 1134.2.1.

I acknowledge the following scope of required upgrades (**choose one**)

- The existing required accessibility features serving the area of work are in conformance with the CBC.
- Upgrades to the existing condition are proposed to provide full compliance with required accessibility features serving the area of work in conformance with the CBC.
- 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 must be granted. Upgrades will be provided for all features not excepted in the approved Hardship application.

Signature _____ Date _____

I am: ___Project Designer, ___Business Owner, ___Other_____