

Planning, Building and Code Enforcement

STAR SERVICE -PROJECT ELIGIBILITY REVIEW REQUEST

Applicants seeking to use the Streamlined Tenant Alteration Review (STAR) Service must first complete this form to enable staff to verify the project's eligibility for the service. Find eligibility criteria at the STAR Program webpage at https://bit.ly/SJStarService. For projects found eligible, all design professionals who are responsible for the plans must attend the project review meeting in person; otherwise, the meeting will be canceled, and you will need to reschedule to move the project forward.

INSTRUCTIONS

- Download and save this computer-fillable form to your computer. For help, please see <u>Digital Forms and Signatures</u>.
- After completing the form, email it to: <u>Targeted.Review@sanjoseca.gov</u>.

4 5565557 11165					
1. PROPERTY INFOR PROJECT ADDRESS:	MATION				
BUILDING OCCUPANCY GROUP:		# OF STORIES:	SPECIFIC USE:		
Is the property a) Loc	ated in a flood	zone? □Yes □No	b) Located in a geohazard zone? ☐Yes ☐No	Find this information at <u>SJPermits.org</u>	
2. PROPERTY OWNER & TENANT INFORMATION					
PROPERTY OWNER:	NAME:				
	PHONE:		EMAIL:		
TENANT:	NAME:				
	PHONE:		EMAIL:		
3. PROJECT INFORM	IATION & ELIG	BIBILITY CHECKLIST			
3.a. SCOPE OF WORK BRIEFLY DESCRIBE:					
EXISTING FLOOR AREA (sq. ft.):			ALTERATION AREA (sq. ft.):		
PROPOSED FLOOR AREA (sq. ft.):			# OF FLOORS TO BE ALTERED:		
NEW TOTAL FLOOR A	AREA (sq. ft.):				

continued >

3.b.1 Does the proposed project affect the storage or use of hazardous materials on this site? □3.b.2 Does the work Involve alterations to indoor battery rooms, UPS rooms or energy storage storage storage.					
3.c. Does the building have: Fire Alarms: ☐Yes ☐No Sprinklers: ☐Yes ☐No Heating: ☐Ye	es □No Cooling: □Yes □No				
3.d. Does the building have disability access provisions? SELECT ONE ☐ Full compliance ☐ Equivalent Facilitation ☐ Unreasonable Hardship ☐ N	Not applicable				
3.e. Does the proposed project involve work or conditions that may affect its eligibility for STAR Service?					
3.e.1. A change in building use	☐ Yes ☐ No				
3.e.2. A change to the building's exiting	☐ Yes ☐ No				
3.e.3. An addition to the building's square footage	☐ Yes ☐ No				
3.e.4. Exterior site work	☐ Yes ☐ No				
3.e.5. Rooftop units or enclosures	☐ Yes ☐ No				
3.e.6. Major structural alterations	☐ Yes ☐ No				
3.e.7. Alternate Design, Materials and Methods and Methods of Construction (AMMC) (e.g. grading or street improvements, open HazMat permits)	☐ Yes ☐ No				
3.e.8. Unfulfilled conditions of approval	☐ Yes ☐ No				
3.e.9. Requires Health Department or Environmental Services approval	☐ Yes ☐ No				
3.e.10. High-piled combustible storage	☐ Yes ☐ No				
3.f. Which types of plans are you submitting for review? CHECK ALL THAT APPLY ☐ Building ☐ Plumbing ☐ Electrical ☐ Mechanical ☐ Planning ☐ Public Works ☐ Fire ☐ Hazardous Materials					
4. DESIGN TEAM CONTACT INFORMATION					
NAME PHONE	EMAIL				
APPLICANT:					
BUILDING/FIRE:					
HazMat:					
ELECTRICAL:					
PLUMBING/ MECHANICAL:					
5. ACKNOWLEDGEMENT & SIGNATURE BY APPLICANT					
The project applicant must acknowledge the statements below and sign this form. A digital ID signature is required. For help, see <u>Digital Forms and Signatures</u> .					
☐ I confirm the truth and accuracy of the information provided herein and understand that the City will rely on this information to determine the proposed project's eligibility for plan review through the STAR Service.					
☐ In the event that project plans submitted for plan review substantially differ from the this form, I understand and accept that the review meeting will be canceled and the reviewed through the City's standard review process.					