



PLAN REVIEW SUBMITTAL PACKAGE

Planning, Building and Code Enforcement

City staff to assign: PLAN CHECK #:

PLAN REVIEW SUBMITTAL FORM

This is a computer-fillable PDF form and signatures, if required, must be a Digital ID Signature. Follow instructions for [Digital Forms & Signatures](#).

A successful submittal package includes complete and accurate plans and documents for plan review.

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.

Development Services Permit Center

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

TRACT #:	APN #:
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PROJECT ADDRESS:	
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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
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APPLICANT ADDRESS:	
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DESIGN FIRM if any:	
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TENANT NAME if any:	
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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:	
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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: <input type="checkbox"/> Full Compliance <input type="checkbox"/> Equivalent Facilitation <input type="checkbox"/> Unreasonable Hardship
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APPLICANT SIGNATURE (use Digital Signature)

PRINT NAME

DATE

PLAN SUBMITTAL REQUIREMENTS

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

<p>PLAN SUBMITTAL All plans will be submitted electronically through SJePlans.</p> <p>Sheet size: 18" X 24" or 24" X 36"</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>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 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

INSTRUCTIONS - Applicant checks the items being submitted (1st column). City staff will check for inclusion of appropriate plans and documents during submittal (2nd column). During Plan Review, staff will check the sufficiency of the documents (3rd column).

PROJECT ADDRESS:	
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	Applicant Check 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	

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MINIMUM PLAN & DOCUMENT SUBMITTAL CHECKLIST - CONTINUED

Not all Trade Plans are applicable to a project; complete only those sections that apply.

	Applicant Check 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	