



Planning, Building and Code Enforcement

# RAPID ONLINE SERVICE INTAKE SUBMITTAL CHECKLIST

City staff to assign:

PLAN CHECK #:

## INSTRUCTIONS

- This form must accompany the submittal package for applicants using the [Rapid Online Service Intake](#).
- This is a computer-fillable PDF form. See our instructions at [Digital Forms and Signatures](#).
- Enter all information relevant to the project. If an item is not applicable, enter N/A.
- If an item is required and applicable to your project, and you do not yet have the information, do NOT submit your plans. Submittals that are not complete will be rejected, and you will have to reschedule your appointment.

## 1. PROPERTY INFORMATION

PROJECT ADDRESS:

TRACT #:

APN # if multiple, separate with a comma:

## 2. CONTACT INFORMATION

APPLICANT check one:  Developer  Owner  Tenant  Architect  Engineer  Contractor  Agent

APPLICANT ADDRESS:

DESIGN FIRM if any:

TENANT NAME if any:

PROPERTY OWNER:	NAME:	
	PHONE:	EMAIL:
APPLICANT:	NAME:	
	PHONE:	EMAIL:
PROJECT MANAGER or CONTRACTOR for all trades:	NAME:	CONTRACTOR'S CITY BUSINESS LICENSE # (required):
	PHONE:	EMAIL:

## 3. PROJECT DESCRIPTION

TYPE OF PROJECT check one:

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

TYPE OF USE check one:

- Residential  
  Office  
  Retail  
  Lab  
  Manufacturing  
  Speculative  
  Service Station  
 Bar/Restaurant  
  Clinic  
  Storage  
  Wholesale Food  
  Other:

*continued*

**3. PROJECT DESCRIPTION - CONTINUED**

SCOPE OF WORK Briefly describe:

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

Does the project affect the storage or use of hazardous materials on this site?  No  Yes  N/A if single-family/duplex

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

Disabled Access Provisions: check one  Full Compliance  Equivalent Facilitation  Unreasonable Hardship  N/A

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

**4. SIGNATURE**

The project applicant must sign this form; a digital ID signature is required, see our instructions at [Digital Forms and Signatures](#).

**APPLICANT SIGNATURE** PRINT NAME DATE [DD/MM/YEAR]

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**5. CHECKLIST**

The following items are required for a complete submittal package. To ensure a successful submittal, please check all items. Be sure to name and format files as instructed in the [Electronic Plan Review](#) bulletin.

**CHECK ONE**

**PLANS PUT PLANS, AS APPLICABLE, IN THIS ORDER:**

1. Cover Sheet with project description	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
2. Special Conditions - Planning Conditions, Alternate Design, Accessibility, or Deferred Submittals	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
3. Architectural Plan - Including Site Plan, Elevations, Floor Plans, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
4. Structural Plan, Details	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
5. Electrical Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
6. Mechanical Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
7. Plumbing Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
8. Title 24 Energy Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
9. <a href="#">Building Occupancy Classification form</a> for Industrial / Commercial / Retail properties only. Note: Architect or Engineer of Record is to stamp and sign all pages and wet sign/wet stamp the cover page for the Plan Sets and Calculations at the time of permit issuance.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
10. Other as may be applicable, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

**SUPPORT DOCUMENTS**

11. Structural Calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
12. Soil Report	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
13. Energy Calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
14. Other as may be applicable, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

**CLEARANCES OR APPROVALS**

The following items are not required to submit your application but may be required for permit issuance.

A. Flood zone, geologic hazards, grading, or other clearances	City Public Works Department 408-535-8300
B. Projects that affect or include fire sprinklers, fire alarms, or hazardous material storage	City Fire Prevention Bureau 408-794-7000
C. County Health Department approval is required for: <ul style="list-style-type: none"> <li>▪ Food and Drinking Establishments</li> <li>▪ Public Swimming Pools</li> </ul>	County Health Department 408-918-3400
D. School Fees: Before obtaining a building permit, certain construction projects require payment of a development fee to the school district associated with the project location.	<a href="#">School Fees Information</a>
E. Bay Area Air Quality Management District (BAAQMD) Review: A BAAQMD Permit approval is needed before you can obtain a building permit from the City of San Jose	Bay Area Air Quality Management District 415-749-4795