



CONSTRUCTION PLAN SUBMITTAL COUNTER INTAKE CHECKLIST

OFFICE USE ONLY

SHEET	CITY	REQUIRED ITEMS	SHEET	CITY	REQUIRED ITEMS
		1. BUILDING <i>Use N/A if not applicable</i>			4. OTHER CONT. <i>Use N/A if not applicable</i>
	<input type="checkbox"/>	Site Plan		<input type="checkbox"/>	Conditions of Approval
	<input type="checkbox"/>	Scope of Work		<input type="checkbox"/>	Property Owner
	<input type="checkbox"/>	Square Footage – Proposed and/or Remodel		<input type="checkbox"/>	Developer/Representative
	<input type="checkbox"/>	Floor Plan – Existing and/or Proposed		<input type="checkbox"/>	Engineer of Work
	<input type="checkbox"/>	Labeled Room Dimensions		<input type="checkbox"/>	Architect
	<input type="checkbox"/>	Electrical/Mechanical/Plumbing Plan <i>(as applicable)</i>		<input type="checkbox"/>	Geotechnical Engineer
	<input type="checkbox"/>	Framing Plan – New walls/Additions <i>(as applicable)</i>		<input type="checkbox"/>	Arborist
	<input type="checkbox"/>	Code Edition		<input type="checkbox"/>	Archaeologist
		2. ENGINEERING <i>Use N/A if not applicable</i>		<input type="checkbox"/>	Project Title and Location
		Project Statistics		<input type="checkbox"/>	Sheet Index
	<input type="checkbox"/>	Existing Undeveloped Area		<input type="checkbox"/>	North Arrow
	<input type="checkbox"/>	Total Area of Disturbance		<input type="checkbox"/>	Drawings to Scale
	<input type="checkbox"/>	New & Replaced Impervious Area		<input type="checkbox"/>	Abbreviations
	<input type="checkbox"/>	Removed Impervious Area		<input type="checkbox"/>	Standard General Notes
	<input type="checkbox"/>	Net Impervious Area		<input type="checkbox"/>	Public Utility Signature Block
	<input type="checkbox"/>	Impervious Area Ratio		<input type="checkbox"/>	Demo Plan <i>(as applicable)</i>
	<input type="checkbox"/>	Stormwater PCR Tier <i>(as applicable)</i>		<input type="checkbox"/>	3 Complete Sets of Plans
		Earthwork Quantities		<input type="checkbox"/>	2 Copies of all Supporting Documentation
	<input type="checkbox"/>	Cut / Fill		<input type="checkbox"/>	Digital Submittal Package
	<input type="checkbox"/>	Over-excavation/ Re-compaction	PROVIDED	CITY	Stormwater Supplementary Submittal
	<input type="checkbox"/>	Total Cubic Yardage	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater Plan Application
	<input type="checkbox"/>	Yardage > 50 cubic yards: <i>(as applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Post Construction Documents (SELECT ONE) :
	<input type="checkbox"/>	<input type="checkbox"/> Grading Permit Application			<input type="checkbox"/> PCR Waiver Request
	<input type="checkbox"/>	<input type="checkbox"/> Soils Report (less than 3 years)			<input type="checkbox"/> PR 1 Checklist/Documentation Only
		3. PLANNING <i>Use N/A if not applicable</i>			<input type="checkbox"/> Stormwater Control Plan (City Template)
	<input type="checkbox"/>	APN	<input type="checkbox"/>	<input type="checkbox"/>	Water Pollution Control (SELECT ONE) :
	<input type="checkbox"/>	Zoning			<input type="checkbox"/> Minor Project WPCP
	<input type="checkbox"/>	Lot Size			<input type="checkbox"/> Grading Plan
	<input type="checkbox"/>	Setbacks – Required & Proposed			<input type="checkbox"/> SWPPP (WDID, LRP, & QSD/QSP must be on Civil Title Sheet)
	<input type="checkbox"/>	Lot Coverage – Existing & Proposed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Hydrology/Hydraulic Report <i>(as applicable)</i>
	<input type="checkbox"/>	Floor Area Ratio – Existing & Proposed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Inspection Agreement <i>(as applicable)</i>
	<input type="checkbox"/>	Building Elevations <i>(as applicable)</i>			
	<input type="checkbox"/>	Landscaping/MWELo Documentation			
		4. OTHER <i>Use N/A if not applicable</i>			
	<input type="checkbox"/>	Basis of Bearings			
	<input type="checkbox"/>	City Benchmark			
	<input type="checkbox"/>	Vicinity Map			

Please sign and date this checklist to acknowledge that you have provided all the required information listed above. This checklist constitutes the minimum requirements to begin the plan check process. If an item from this checklist is required but not on the plans, with the submittal package, or the sheet number is not filled out, **the plans will not be accepted for first review and the plan check process will not be started.**

Signature (Applicant or Agent)	Date
Staff Reviewer:	Intake Date: