

## PLAN CHECK REQUEST

PROJECT INFORMATION	Date	Date Submitted			
Project Name	Tract or Parcel Map No				
Site Address/Location	City		ZI	Р	
APN(s)					
PROJECT TYPE (Check all that apply)  New Building Construction/Development  Building Addition or Remodel  Tenant Improvement to Existing Building or Space  New Tenant or Owner, Change of Space Use  Demolition (Sewer Capping/Abandonment)  Work in Public Right-Of-Way or Easement  Other	PROJECT USE (Check all that apply)  Residential  Mixed Use (Residential & Commercial, etc.)  Commercial/Office/Retail  Industrial/R&D/Manufacturing  Restaurant/Food Service Establishment*  Municipal/Utility/Agency/District/School/Religious  Other				
* Submittal of Food Service P		u required			
<b>DWELLING/DEVELOPMENT UNITS</b> (Enter quantity as a					
<b>Residential:</b> Single-Family Residences, detached	d; Accessory Dv	velling Units (a	rea)	sq ft	
Multi-Family units, describe:					
SUBMITTED BY/PROJECT CONTACT Business Name					
Address	City	Si	tate	ZIP	
Contact Name	_	Phone			
Contact Email		Cell Phon	ie		
BILL TO					
Business Name	_	Phone			
Address	City	Si	tate	ZIP	
Contact Name		Phone			
Contact Email	Cell Phone				
USD Notes:					
By: Due Date:	Distr	ict PTS Projec	t No.:		