



City of San Clemente Engineering Division

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PROJECT NO.: ENG
WORK ORDER:

PLAN CHECK SUBMITTAL APPLICATION

JOB ADDRESS: _____ TRACT/PM: _____ BLOCK: _____ LOT(S): _____

OWNER: _____ PHONE: _____ FAX # _____

ADDRESS: _____ EMAIL: _____

ENGINEER/ARCHITECT: _____ PHONE: _____ FAX # _____

ADDRESS: _____ EMAIL: _____

GEOTECHNICAL FIRM: _____ PHONE: _____ FAX# _____

ADDRESS: _____ EMAIL: _____

CONTACT: _____ PHONE: _____ FAX # _____

ADDRESS: _____ EMAIL: _____

PLAN SUBMITTED (4-6 sets required-see submittal requirement checklists):

- | | | |
|---|--|--|
| <input type="checkbox"/> Soils Report | <input type="checkbox"/> Retaining Walls | <input type="checkbox"/> Subdivision Map |
| <input type="checkbox"/> Precise Grading | <input type="checkbox"/> Shoring | <input type="checkbox"/> Parcel Map |
| <input type="checkbox"/> Rough/Mass Grading | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hydrology | <input type="checkbox"/> Erosion Control | |

PLAN CHECK FEES

Single Family Plan Check(3 Plan Checks):*

- | | |
|---|----------|
| <input type="checkbox"/> Soils Report Review | \$ _____ |
| <input type="checkbox"/> Precise Grading | \$ _____ |
| <input type="checkbox"/> Retaining Walls | \$ _____ |
| <input type="checkbox"/> Shoring | \$ _____ |
| <input type="checkbox"/> Each Additional Plan Check | \$ _____ |
| TOTAL \$ _____ | |

* Complex single family plan checks may require a deposit for plan check in lieu of fixed fee based on actual review cost. See staff for deposit amount.

* All other plan check fees will be per the City's latest Engineering Division Fee Schedule (Resolution No. 08-58)

(001-000-34136)

Developer Projects, Commercial, Industrial, Multi-Residential, and Maps Plan Check at Actual Cost:

(See City staff for minimum deposit amount)

Minimum Deposit

TOTAL \$ _____
(001-000-21512)

- I hereby agree to pay costs necessarily incurred by the City of San Clemente in performing the plan check services.
- I understand that payment of the plan check fee is not a guarantee that a permit will be issued and that this fee is not refundable once a plan check has commenced.
- I understand that I am responsible for obtaining other Agencies or Divisions approval on my plans to include but not limited to: Coastal Commission, Planning Department and Cal-OSHA.

Name of Applicant or Authorized Representative:

(Signature))

(Please Print)

Date: _____
Capacity: _____
(Owner, Developer, Contractor, Engineer)

OTHER APPROVALS and/or PERMITS REQUIRED (FOR OFFICE USE ONLY):

- Planning Approval
- Coastal Commission Permit
- HOA Approval
- CAL-OSHA Permit

- Coastal Bluff or Canyon
- Fire Department Approval
- Structural Calculations
- Construction Cost Estimate

- Bonding Information Given
- 4 Soils Reports
- Contact Person Information
- Plan Review Fees Discussed