



# 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 \$ _____                                      |          |

(001-000-34136)

\*Complex projects may require a \$5,000 deposit and plan check fees based on actual review cost.

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

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

- |  |            |
|--|------------|
| <input type="checkbox"/> Minimum Deposit | \$5,000.00 |
| 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