



ENGINEER: _____

PLANNER: _____

J.LEE: _____

J.A.S: _____

PLAN SUBMITTAL ROUTING FORM

FOR OFFICIAL USE ONLY

DATE: _____

- Concept Review
- New Plan Check
- Corrections Resubmittal
- Plan Revisions Submittal
- Electronic Plan Review**

EXPEDITED PC

Building & Safety

Planning/Zoning

2 Week _____

3 Week _____

4 Week _____

6 Week _____

REVIEW REQUIRED FOR:

- | | | |
|--|---|---|
| <input type="checkbox"/> Building/Structural | <input type="checkbox"/> Planning/Zoning | <input type="checkbox"/> Water Eff Landscape |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Electrical _____ | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Shoring | <input type="checkbox"/> Mechanical _____ | <input type="checkbox"/> PW-Civil Engineering |
| <input type="checkbox"/> LID | <input type="checkbox"/> Plumbing _____ | <input type="checkbox"/> PW- _____ |

ADDRESS: _____

SCOPE OF WORK: _____

ACTIVITY NUMBER(S): _____

QTY **DESCRIPTION**

- ____ Application
- ____ Plans (New/Unmarked)
 - ____ Civil / LID
 - ____ Electrical
 - ____ Mechanical
 - ____ Plumbing
 - ____ Fire
 - ____ Water Eff.
- ____ Redlines (Total Sets)

QTY **DESCRIPTION**

- ____ Energy Calcs
- ____ Structural Calcs/Details
- ____ Corrections Response
- ____ Covenant and Agreement
- ____ Environmental Assessment
- ____ Photos
- ____ Plan Check Correction Letter
- ____ Soils & Geotechnical Reports
- ____ Traffic Study / Parking Analysis

DISCLAIMER: I understand that incomplete resubmittals may result in Plan Review delays and/or additional Plan Review Corrections.

Print Name: _____ Phone Number: _____

Signature: _____ Date: _____

Architect Engineer Contractor Owner Agent Representing: _____