

**THOMAS FIRE REBUILD
RESIDENTIAL PLAN CHECK SUBMITTAL
SCREENING CHECKLIST**

PLEASE SCHEDULE AN APPOINTMENT BY CALLING (805) 677-3901.

PROJECT ADDRESS: _____ DATE: _____

PROJECT DESCRIPTION: _____ SQ. FTG.: _____ STORIES: _____
(NEW)

APPLICANT: _____ PHONE #: _____

REQUIRED	# OF SETS	DOCUMENTS <i>Items not checked "required" are not applicable</i>	PROVIDED	MISSING	REQUIRED	# OF SETS	DOCUMENTS <i>Items not checked "required" are not applicable</i>	PROVIDED	MISSING
		DRAWINGS REQUIRED • MINIMUM ITEMS TO BE SHOWN ON PRINTS AS APPLICABLE					DRAWINGS REQUIRED — continued • MINIMUM ITEMS TO BE SHOWN ON PRINTS AS APPLICABLE		
<input type="checkbox"/>	6	FULL SETS OF PRINTS	<input type="checkbox"/>	<input type="checkbox"/>			FOUNDATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		GENERAL DATA • FLOOR AREAS: NEW, EXISTING, ADDED • OWNERS NAME, ADDRESS & PHONE # • DESIGNERS NAME, ADDRESS & PHONE #	<input type="checkbox"/>	<input type="checkbox"/>			• DIMENSIONED & TO SCALE, • FOOTINGS, HOLDDOWNS, PIERS, • FLOOR FRAMING (IF APPLICABLE)		
<input type="checkbox"/>		SITE PLAN W/ALL UTILITIES SHOWN & SIZES ... • DIMENSIONED & TO SCALE • ALL STRUCTURES, SETBACKS, EASEMENTS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>			FLOOR FRAMING PLAN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		CITY OF VENTURA CALGreen CHECKLIST • INCORPORATED INTO OR ATTACHED TO THE SET OF PRINTS	<input type="checkbox"/>	<input type="checkbox"/>			• SHEAR WALLS OR BRACED WALLS • F.J.'S, HDR'S., BMS., STAIR OPENINGS, ETC.		
<input type="checkbox"/>		MWELO/LANDSCAPE SHEETS(Front Yard Only) • FOR NEW BUILDINGS ONLY • SQ. FTG. OF NEW LANDSCAPE	<input type="checkbox"/>	<input type="checkbox"/>			ROOF FRAMING PLAN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		GRADING PLAN/EROSION CONTROL PLAN	<input type="checkbox"/>	<input type="checkbox"/>			• RAFTERS, HDR'S., BMS., STAIR OPENINGS, ETC.		
<input type="checkbox"/>		• FOR TOPOGRAPHY OVER 10% • (E) & (N) CONTOURS • ELEV. OF CONTOURS, FG, FF, FS, INV., ETC • AMOUNT CUT & FILL IF OVER 50 cu. yds.	<input type="checkbox"/>	<input type="checkbox"/>			ARCH/STRUCT DETAILS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		EXISTING/DEMO FLOOR PLAN	<input type="checkbox"/>	<input type="checkbox"/>			• DRAWN TO SCALE • ROOF TO WALL, WALL TO FLOOR, AND FLOOR TO FOUNDATION CONNECTIONS, ETC.		
<input type="checkbox"/>		• EXISTING WALLS TO REMAIN & BE REMOVED • ROOMS TO BE LABELED • DOOR & WINDOW LOCATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	ELECTRICAL, MECHANICAL & PLUMBING PLANS REQUIRED IF OVER 3000 SF AND/OR (3) STORIES	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		FLOOR PLAN FOR EACH BLDG/STORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	SUPPORTING DOCUMENTATION		
<input type="checkbox"/>		• DIMENSIONED & TO SCALE • WALL LEGEND • ROOMS & USES LABELED • DOOR & WINDOW LOCATIONS & SIZE • FAU, WH, W & D, GAS & ELECT METER LOCATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	COMPLETED PERMIT APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		ELECTRICAL FLOOR PLANS EA. STORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	SOILS REPORTS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		• SWITCHES, OUTLETS & LIGHT FIXTURES • ELECTRICAL METER AND PANELS • COMPLIANCE TO TITLE 24 ENERGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	STRUCTURAL CALCS.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		REFLECTED CEILING PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	ENERGY FORMS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		• SKYLIGHTS, LIGHT FIXTURES, CHANGES IN CEILING • PLANES, SMOKE DETECTORS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	DEBRIS REMOVAL CLEARANCE CERTIFICATES (X2)... (FIRST PHASE & SECOND PHASE)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		BUILDING CROSS SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	SITE SURVEY (Permanent Marks)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		• MOST INFORMATIVE LOCATION • TO SCALE • RELATIONSHIP OF ALL STRUCTURAL ELEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	HILLSIDE HEIGHT SURVEY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		EXTERIOR BUILDING ELEVATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	CONSTRUCTION/DEMO WASTE MANAGEMENT PLAN	<input type="checkbox"/>	<input type="checkbox"/>
		• FOUR VIEWS REQ'D FOR NEW • BUILDING HEIGHTS & TO SCALE • ALL OPENINGS AND FINISHES • ROOF SLOPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	PLANNING DIVISION PRE-SUBMITTAL APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	1	PLAN CHECK SUBMITTAL CHECKLIST	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	2	TRUSS SHOP DRAWINGS	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>		OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

ARE THE DOCUMENTS COMPLETE FOR SUBMITTAL? YES NO
If the answer is NO, then the 14 business day timeline cannot be accomplished.

DATE: _____

REVIEWED BY: _____
(NAME OF PERSON REVIEWING SUBMITTAL PACKAGE)

