



INCOMPLETE SUBMITTALS CANNOT BE PROCESSED

RESIDENTIAL

CITY OF VISALIA
 315 E. ACEQUIA
 VISALIA, CA 93291
 (559) 713-4444

PLAN CHECK NO.

PERMITS PROCESSING FORM

Please fill out all of the areas below AND on the reverse side that apply. This form is to be filled out COMPLETELY to begin the plan check process. Non-refundable plan check fees are due upon submittal.

PROJECT ADDRESS: _____

Parcel No: _____

Subdivision: _____ Lot: _____

Historic District? YES _____ NO _____

CONTRACTOR: _____

License: _____ Ins. Exp. _____

Address: _____

City, State, Zip: _____

Phone: () _____

APPLICANT/CONTACT: _____

Address: _____

City, State, Zip _____

Phone: () _____

Email : _____

PROPERTY OWNER: _____

Address: _____

City, State, Zip: _____

Phone: () _____

ARCHITECT/ ENGINEER: _____

SUB-CONTRACTOR: _____

DRAFTSPERSON: _____

License No: _____

Address: _____

City, State, Zip: _____

Phone: () _____

DESCRIPTION OF WORK: _____

APPLICANT'S SIGNATURE **X** _____ DATE **X** _____

***** THIS APPLICATION SHALL EXPIRE 180 DAYS FROM DATE RECEIVED UNLESS A BUILDING PERMIT HAS BEEN ISSUED. *****

APPLICATIONS ARE ACCEPTED AND PERMITS ARE ISSUED BETWEEN 9:00 A.M. AND 4:00 P.M., MONDAY THROUGH FRIDAY (EXCLUDING HOLIDAYS).

LLC, INC, TRUSTS, ETC. MUST PROVIDE DOCUMENTATION.

NOTE: The contractor is required to have a valid City of Visalia Business Tax Certificate, current copies of General & Auto Liability Insurance and Worker's Compensation on file with the City of Visalia Community Development Department prior to issuance of permits.

ABOUT VUSD FEES: Pursuant to Government Code Section 66020(d) (1), this is to notify you that a 90-day period, in which you may protest to the school district(s) the imposition of Fees or other payment identified above, begins to run from the date they are paid to the school district(s) or to another public entity authorized on the district(s) behalf, or on which this building or installation permit for this project is issued, whichever is earlier.

Master Plan Model No.:
Model Description:
Mastered site plans must be EXACTLY the same as "Approved" set, or these site plans will result in a regular plan check processing and will include a standard plan check fee.

HABITABLE SQUARE FOOTAGE	Sq. Ft.
VALUATION	\$
TYPE OF PERMIT:	

EXISTING SPRINKLER? YES NO

FLOOD ZONE? YES NO

LIST OF PERMIT TYPES			
ALTRES	Residential Alteration	PLUMB	Plumbing
CODECOMP	Code Compliance	POOL	Pool
DEMO	Demolition	REROOF	Reroof
ELEC	Electric	SEWER	Sewer Connection
FENCE	Fence	SFD	Single Family Dwelling
MSTR	Master Residential	SFDMOVE	House Moving
MECH	Mechanical	SFDPLOT	SFD Plot Plans
PATIO	Patio	WELL	Well

SITE PLAN REVIEW NO:	
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RESIDENTIAL PLAN SUBMITTAL CHECKLIST

Please take a moment to compare your plan sets with this checklist. This form is to assist building permit applicants in determining the adequacy of their submittal package. A complete submittal will expedite the plan check process. Incomplete submittals cannot be accepted. No deferred submittals will be accepted. Check the items that are included.

- PLANS:** PLANS in PDF Format are required (including Structural Calcs, Truss Calcs, Title-24 & soils report if applicable).
- COVER SHEET INFORMATION:** Correct owner's name, project street number, direction, street, and suffix: phone number, project data/code summary must be on plans.
- COMPLETE SITE PLAN:** To scale, dimensioned, all on-site and off-site improvements, location of all existing and proposed fire hydrants, location of water and sewer service connections at the city mains and to each building indicate curb, gutter, sidewalk and approach. Call out minimum FLOOD ZONE elevation.
- COMPLETE FLOOR PLAN:** To scale and dimensioned.
- ELEVATIONS:** A minimum of four (4) major elevations.
- COMPLETE FOUNDATION PLAN:** Drawn to scale and dimensioned.
- ROOF PLAN:** Indicate whether plans have a conventional frame or a "truss" roof. Show pitch, direction of slope, location of hips, valleys, dormers, and equipment, layout plan, location and size headers, beams, and girders. Indicate type of roof plan below:
- CUT AND STACK/CONVENTIONAL FRAME ROOF:** sizes of all members (rafters, hips, valleys, ridges, and purlins).
- TRUSS CALCULATIONS:** Complete set of TRUSS CALCULATIONS. This will include layout, truss calculation sheets keyed to layout, size.
- STRUCTURAL ANALYSIS OF NON-CONVENTIONAL BUILDINGS (if applicable):** Indicating load paths and shear transfer (CBC).
- ELECTRICAL FLOOR PLAN:** (may be included on Floor Plan, if kept clear) Including service size calculation.
- MECHANICAL PLAN:** Indicating size and location of units and size of ducts and outlets.
- PLUMBING PLAN:** Include DWV system, water and gas piping size calculations and schematics.
- COMPLETE ENERGY CALCULATIONS (TITLE 24 FORMS):** Provide forms. MECH, CF-1R, LTG, ENV, and mandatory features must appear on plans.
- Completed RECYCLING & REUSE PLAN** (if applicable).
- Completed LANDSCAPE & IRRIGATION PLAN** (TO meet MWELo Requirements if applicable).

MASTER PLANS REQUIRE ADDITIONAL INFORMATION (see area below)

MASTER PLAN "OPTIONS" INFORMATION

(Indicate square footage of applicable options)

Elevation Options:	_____	_____	_____	_____	_____
Roof Type:	_____	_____	_____	_____	_____
Fireplace (Y/N):	_____	_____	_____	_____	_____
Conditioned Attic Space (Y/N):	_____	_____	_____	_____	_____
Patio Options:	_____	_____	_____	_____	_____
Truss Calculations:	_____	_____	_____	_____	_____
Conventional Roof:	_____	_____	_____	_____	_____
Bay Window (Y/N):	_____	_____	_____	_____	_____
Bay Window Location:	_____	_____	_____	_____	_____
Garage-2-Car (Sq Ft):	_____	_____	_____	_____	_____
Garage-3-Car (Sq Ft):	_____	_____	_____	_____	_____
Bonus Room (Y/N):	_____	_____	_____	_____	_____
Loft (Y/N):	_____	_____	_____	_____	_____
# of Bedrooms:	_____	_____	_____	_____	_____
# of Bathrooms:	_____	_____	_____	_____	_____

INCOMPLETE SUBMITTALS WILL BE REJECTED

I have reviewed this checklist. All items checked above are included. Plans must be signed by the person responsible for their preparation.

PRINT OR TYPE NAME: _____

SIGNATURE: _____

DATE: _____