

CITY OF ANAHEIM
PLANNING DEPARTMENT
BUILDING DIVISION

BUILDING PLAN CHECK APPLICATION

DATE: _____

****NOTICE** All plan check applications MUST include owner's contact information (name, address, phone number, email address). Plan check submittals WILL NOT be accepted without this information. Thank you for your cooperation.**

PROJECT ADDRESS: _____
(Number) (Direction) (Street Name) (Unit)

DESCRIPTION OF WORK: _____

CONSTRUCTION VALUE OF WORK PROPOSED: _____

APPLICANT/CONTACT:

Company: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
E-mail: _____

I am the:

- Property Owner
 Lessee/Tenant Designer
 Agent for: _____
 Contractor
State License #: _____ Expiration Date: _____
City License #: _____ Expiration Date: _____

****PROPERTY OWNER:**

Name: _____
Address: _____
City: _____
Phone Number: _____
E-mail: _____

ARCHITECT:

Company: _____
Name: _____
Address: _____
Phone Number: _____
City/State/Zip: _____
Phone Number: _____
E-mail: _____
State License #: _____ Expiration Date: _____

ENGINEER:

Company: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
E-mail: _____
State License #: _____ Expiration Date: _____

(Continued Next Page)

PROJECT INFORMATION

RESIDENTIAL PROJECTS:

Building Code Type(s) of Construction:

Fire Sprinklered Yes No

of stories: _____ # of dwelling units: _____ # of guest rooms: _____

Square footage of proposed work:

Living:_____ Patio:_____ Garage:_____ Balcony:_____

Carport:_____ Deck:_____

Number of **existing** bedrooms _____

Number of **proposed** bedrooms _____

NON-RESIDENTIAL PROJECTS:

Building Code Type(s) of Construction: _____

Fire Sprinklered Yes No

Occupancy Classification	Floor Area (sq. ft.)

Change of Use: Yes _____ No _____

Existing Occupancy: _____ Proposed Occupancy: _____

of stories: _____ # of guest rooms: _____

New/Added (sq. ft.): _____ Remodeled (sq. ft.): _____

Tenant Improvement (sq. ft.): _____

For Department Use

() Ok to Issue Permit: _____
Plans Examiner

() Hr. Plan Check Fee: _____

() Trips for Inspection Fee: _____
(1hr./trip)

- * *Minimum Permit Fee \$167.00*
- * *Supplemental Permit Fee \$53.00*
- * *Plan Check Services (per hour) \$211.00*
- * *Planning Plan Check Fee assessed when applicable*