



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

STI/ITI/SBA Plan Check or Preliminary Review

Project Address: _____
APN No: _____
Project Name: _____
Firm: _____
Applicants Address: _____ Title _____
Tenant Name: _____

Describe Scope of Work: _____

Name	Phone No.	Email or Fax
Applicant _____		
Building _____		
Plumbing _____		
Mechanical _____		
Electrical _____		
Fire _____		
HZ _____		

Reviews Required

Building Plumbing Mechanical Electrical Fire HZ Planning

Does this scope of work include exterior changes including but not limited to rooftop units or enclosures?

Will this project affect hazardous materials/chemical storage or use on this site? Yes No

Building has: Sprinklers Yes No Heating Yes No Cooling Yes No

Specific Use: _____ No. of Stories _____
Floor Area: Existing _____ Proposed _____ New Total _____
Area of Work Sq. Ft. _____ Occupancy Group _____ Type of Construction _____

- A fee is assessed for all preliminary reviews payable at the time of the appointment. **No exceptions.**
- All design professionals, such as architect and engineer(s) responsible for the approval of the plans must attend the pre- submittal meetings and plan check meetings.
- This form must be completed in its entirety and returned to Evelyn prior to scheduling any appointments. **Cancellations must be made 48 hours prior to your appointment to avoid cancellation fees.**
- Health Department and Water Pollution Control approvals are required prior to plan review.