



Planning, Building and Code Enforcement

COMMERCIAL & INDUSTRIAL PROJECTS SUBMITTAL CHECKLIST

This form must be completed and submitted with a building permit application for a project that requires plan review on a commercial or industrial property.

INSTRUCTIONS

- This is a computer-fillable PDF form. For help, please see [Digital Forms and Signatures](#).
- Enter all information relevant to the project. If an item is not applicable, enter N/A. If an item is applicable to your project and you do not yet have the information, do NOT submit your application. Staff will not review your project submittal until all required information is submitted.

1. PROPERTY INFORMATION

PROJECT ADDRESS:

APN # IF MULTIPLE, SEPARATE WITH A COMMA:

2. CONTACT INFORMATION

APPLICANT TYPE CHECK ONE:	<input type="checkbox"/> Developer <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Agent		
APPLICANT: <i>The applicant is the single contact who will upload project plans to SJePlans and respond to all comments.</i>	NAME:		
	ADDRESS:		
	PHONE:	EMAIL:	
DESIGN FIRM IF DIFFERENT FROM APPLICANT	NAME:		EMAIL:
PROPERTY OWNER:	NAME:		
	PHONE:	EMAIL:	
TENANT, IF ANY:	NAME:		
	PHONE:	EMAIL:	
PROJECT MANAGER OR CONTRACTOR:	NAME:		
	PHONE:	EMAIL:	
	CONTRACTOR'S CITY BUSINESS LICENSE #: <i>required</i>		

continued >

3. PROJECT INFORMATION

3.a. TYPE OF PROJECT CHECK ONE:	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration Non-Structural <input type="checkbox"/> Alteration Structural <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Demolition <input type="checkbox"/> Fire Damage <input type="checkbox"/> Other:
3.b. TYPE OF USE CHECK ONE:	<input type="checkbox"/> Clinic <input type="checkbox"/> Lab <input type="checkbox"/> Manufacturing <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Service Station <input type="checkbox"/> Speculative <input type="checkbox"/> Storage <input type="checkbox"/> Wholesale Food <input type="checkbox"/> Other:

3.c. SCOPE OF WORK BRIEFLY DESCRIBE:

EXISTING FLOOR AREA (sq. ft.):		AREA OF WORK (sq. ft.):	
PROPOSED FLOOR AREA (sq. ft.):		NO. OF STORIES:	
NEW TOTAL FLOOR AREA (sq. ft.):		TYPE OF CONSTRUCTION:	
GARAGE (sq. ft.):			

3.d. Have you obtained a planning permit for this project? No Yes, the Permit Number is:

3.e. Does the project affect the storage or use of hazardous materials on this site? No Yes

3.f. Does the building have:

Sprinklers: Yes No Heating: Yes No

3.g. Does the building have disability access provisions? SELECT ONE

Full compliance

Equivalent Facilitation

Unreasonable Hardship

Not applicable

4. SUBMITTAL PLANS & DOCUMENTS CHECK THE ITEMS THAT ARE BEING SUBMITTED

PLANS	FORMS
<input type="checkbox"/> Cover Sheet with project description <input type="checkbox"/> Architectural Plans - Site Plan, Floor Plan, Elevations, etc. <input type="checkbox"/> Electrical Plan <input type="checkbox"/> Mechanical Plan <input type="checkbox"/> Plumbing Plan <input type="checkbox"/> County Health Department approval plans	<input type="checkbox"/> #300 - Accessibility Compliance Form <input type="checkbox"/> #308 - Building Occupancy Classification Inventory Form <input type="checkbox"/> #310 - Building Permit Application <input type="checkbox"/> #317 - Damage Survey Request <input type="checkbox"/> #319 - Deferred Submittal Form <input type="checkbox"/> #345 - Special Inspection New Building Form <input type="checkbox"/> Other (describe): <input type="checkbox"/> Other (describe):
CALCULATIONS & DESIGN DOCUMENTS	
<input type="checkbox"/> Structural Calculations, Details <input type="checkbox"/> Energy Calculations & Title 24 Energy Documents <input type="checkbox"/> Soil Report <input type="checkbox"/> Special Inspection Form <input type="checkbox"/> Other (describe): <input type="checkbox"/> Other (describe):	(Continued from above)

5. APPROVALS OR CLEARANCES CHECK THE ITEMS THAT ARE APPLICABLE TO YOUR PROJECT

CONDITION OR FEATURE OF PROPOSED PROJECT	TO BE REVIEWED OR CLEARED BY
<input type="checkbox"/> Flood zone, geologic hazards, grading, driveway/sidewalks, or other Public Works clearances	City Public Works Department/Development Services 408-535-7802 pwgeneralinfo@sanjoseca.gov
<input type="checkbox"/> Projects that affect or include fire sprinklers, fire alarms, or hazardous storage	City Fire Department/Fire Prevention Bureau 408-535-7750
<input type="checkbox"/> Regional Wastewater Facility approval is required for: <ul style="list-style-type: none"> ▪ Food and Drinking Establishments ▪ Public Swimming Pools ▪ Manufacturing Discharge 	City Environmental Services Department 408-277-5700
<input type="checkbox"/> County Health Department approval is required for: <ul style="list-style-type: none"> ▪ Food and Drinking Establishments ▪ Public Swimming Pools 	Santa Clara County Health Department 408-918-3400

6. SIGNATURE

A digital ID signature by the Applicant is required. For help, see [Digital Forms and Signatures](#).

● APPLICANT SIGNATURE PRINT NAME DATE [DD/MM/YEAR]