



APPLICATION # _____

Community Development Dept.
Building Division

390 Towne Centre Drive - Lathrop, CA 95330
Phone (209) 941-7270 – Fax (209) 941-7268

PLAN CHECK APPLICATION

PROJECT ADDRESS: _____ APN # _____

PLAN CHECK APPLICATION WORKSHEET

TYPE OF CONSTRUCTION: _____ Sprinklers ☐ Yes ☐ No

OCCUPANCY GROUP #1: _____ OCCUPANCY GROUP #2: _____

OCCUPANCY GROUP #3: _____ OCCUPANCY GROUP #4: _____

DESCRIPTION OF WORK: Please fill-in and mark all that apply

Description/Scope of Work: _____

Construction Valuation: \$ _____ Grading-Cut: _____ Fill: _____ Total: _____

☐ New Building ☐ Addition ☐ Alteration ☐ Solar ☐ Demolish ☐ Sign ☐ Foundation Only

☐ Tenant Improvement ☐ Swimming Pool/Spa ☐ Revision ☐ Other _____

Description of Building: Please fill in and mark all that apply

☐ Office/Bank/Professional ☐ Single Family Duplex ☐ Townhouse ☐ Condominium ☐ Apartment Building

☐ Hotel/Motel ☐ Amusement/Recreation ☐ Industrial ☐ Service Station ☐ Medical Building

☐ Restaurant ☐ Accessory Building ☐ Historical ☐ Education/School

☐ City/County Owned ☐ Church ☐ Store ☐ Other _____

Existing

FLOOR AREA _____ GARAGE _____ NUMBER OF UNITS _____

Proposed

FLOOR AREA OCCUPANCY #1 _____ FLOOR AREA OCCUPANCY #2: _____

FLOOR AREA OCCUPANCY #3 _____ FLOOR AREA OCCUPANCY #4: _____

GARAGE FLOOR AREA: _____ NUMBER OF UNITS: _____

BUILDING HEIGHT: _____ FT. STORIES: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX#: _____

E-MAIL ADDRESS: _____

☐

ARCHITECT

☐

ENGINEER

☐

DESIGNER

LICENSE / REGISTRATION # _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

APPLICANT

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ APPLICATION #: _____

RECEIVED BY: _____

NOTES: _____
