



PLAN CHECK REQUEST

PROJECT INFORMATION

Date Submitted _____

Project Name _____ ☐ Tract or ☐ Parcel Map No. _____

Site Address/Location _____ City _____ ZIP _____

APN(s) _____

PROJECT TYPE (Check all that apply)

- ☐ New Building Construction/Development
- ☐ Building Addition or Remodel
- ☐ Tenant Improvement to Existing Building or Space
- ☐ New Tenant or Owner, Change of Space Use
- ☐ Demolition (Sewer Capping/Abandonment)
- ☐ Work in Public Right-Of-Way or Easement
- ☐ Other _____

PROJECT USE (Check all that apply)

- ☐ Residential
- ☐ Mixed Use (Residential & Commercial, etc.)
- ☐ Commercial/Office/Retail
- ☐ Industrial/R&D/Manufacturing
- ☐ Restaurant/Food Service Establishment*
- ☐ Municipal/Utility/Agency/District/School/Religious
- ☐ Other _____

* Submittal of Food Service Permit Application & menu required

DWELLING/DEVELOPMENT UNITS (Enter quantity as applicable to project)

Residential: _____ Single-Family Residences, detached; _____ Accessory Dwelling Units (area) _____ sq ft

_____ Multi-Family units, describe: _____

Non-Residential: Specify no. of buildings, floor area, stories, space usage and area (i.e., retail, office, restaurant, etc.)

SUBMITTED BY/PROJECT CONTACT

Business Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Contact Name _____ Phone _____

Contact Email _____ Cell Phone _____

BILL TO

Business Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Contact Name _____ Phone _____

Contact Email _____ Cell Phone _____

USD Notes: _____

By: _____ Due Date: _____ District PTS Project No.: _____

Union Sanitary District – 5072 Benson Road, Union City, CA 94587

(510) 477-7500 Email: permits@unionsanitary.ca.gov

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