

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)	PROJECT USE (Check all that apply)	
New Building Construction/Development	Residential	
Building Addition or Remodel	Mixed Use (Residential & Commercial, etc.)	
Tenant Improvement to Existing Building or Space	Commercial/Office/Retail	
New Tenant or Owner, Change of Space Use	☐ Industrial/R&D/Manufacturing	
Demolition (Sewer Capping/Abandonment)	Restaurant/Food Service Establishment*	
Work in Public Right-Of-Way or Easement	Municipal/Utility/Agency/District/School/Religious	
Other	Other	
* Submittal of Food Service P	ermit Application & menu req	uired
DWELLING/DEVELOPMENT UNITS (Enter quantity as a	pplicable to project)	
Residential: Single-Family Residences, detached	d; Accessory Dwelling	g Units (area) sq.ft.
Multi-Family Units, describe:		
SUBMITTED BY/PROJECT CONTACT		
Business Name	F	Phone
Address	City	State ZIP
Contact Name		Phone
Contact Email	Cell Phone	
BILL TO		
Business Name	F	Phone
Address	City	StateZIP
Contact Name	F	Phone
Contact Email	Cell Phone	
USD Notes:		
By: Due Date:	LICO DTG	S Project No :

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