



To Be Completed By Applicant

Applicant Information:

Name: _____
 Company Name: _____
 Phone Number: _____ Email: _____

Current Building Site Information:

Site Address: _____ APN: _____

Commercial/Industrial Residential Occupancy Type: _____ Zoning District: _____

↳ If Commercial/Industrial, please indicate Business Type: _____

Proposed Project Information:

New Construction Addition/Alteration/Remodel Tenant Improvement

Occupancy Classification: _____ Addressing Changes? Yes No *If "Yes", requires separate application*

Business Type and Operation Statement: _____

Please provide a detailed scope of work: _____

APPROX. VALUATION: \$ _____

**REQUIREMENTS
 (To Be Completed By City Staff)**

Flood Zone: Yes, _____ (specify zone) No **Fire Zone:** Yes, _____ (specify zone) No

Number of Sets of Plans: _____

Distribution: BLD ___ PLN ___ ET ___ Fire ___ WPCP ___ ENV ___ C/D PW ___ Other* _____

**Plans for projects requiring Health Dept/ORO Loma. approval must be submitted separately by applicant to ALCo Health.*

Documents required:

- Structural Calculations: _____ # of sets N/A
- Soils Report: _____ # of sets N/A
- Energy Calculations: _____ # of sets N/A
- Green Building Check List N/A
- Green Halo N/A

Target Date for First Submittal Review Completion: _____ Working Days

Completed By: _____ Phone: _____ Date: _____

I hereby acknowledge receipt of a copy of this pre-submittal application.

 Applicant Signature

 Date