



PLAN CHECK FORM & RECEIPT

Plan Check No: _____

Date: _____

Job Address:

Applicant Name:

Phone Number:

Address:

Owner:

Phone Number:

Address:

Existing Floor Area	No. Stories	Type of Construction	Occ. Group	Site Plan Approved
				<input type="checkbox"/> YES <input type="checkbox"/> NO

New Floor Area	Valuation
House Garage	Plan Checker
Commercial	

Description of Work

Historical Site/Comments YES GEF INVESTIGATE

NOTES TO THE PLAN CHECKER

Building **Plumbing**

Title 24 **Mechanical**

Calculations **Electrical**

Engineering Plan Check Fees

Valuation over \$100,000 Yes No

Under 100,000 P/C Fee @ 65% RKA Plan Check Fee-Acct. # _____

Over 100,000 P/C Fee @ 55%

RKA 55% of Total Plan Check Fee: _____

RKA 65% of Total Plan Check Fee: _____

San Gabriel Plan Check Fee: _____

(Gen. Fund Acct. # 121-3621)

TOTAL PLAN CHECK FEES PAID: _____

VALIDATION