



PLAN CHECK NO.

Development & Resource Management Department

SINGLE-FAMILY/DUPLEX PLAN CHECK APPLICATION

ADDRESS: _____ ZIP: _____ APN: _____

ZONE: _____ EXISTING STRUCTURE(S): _____ DATE: _____

LEGAL DESCRIPTION: _____

PROJECT DESCRIPTION: _____

LOT TYPE: Interior Standard Corner Reverse Corner LOT DIMENSIONS: _____

STREET TYPE: Local Major Private LOT AREA (Sq. Ft.): _____

	FRONT	LEFT SIDE	RIGHT SIDE	REAR	STREET SIDE	ALLEY
SETBACKS						
Proposed						
Easements						
Eave Projections						

STRUCTURE INFORMATION

APPLICANT TO PROVIDE FOR ALL EXISTING AND PROPOSED BUILDINGS

STORIES	HEIGHT	NUMBER OF				PROPOSED AREAS (SQ. FT.)						
		GAS APPLICANCES	BED ROOMS	BATH ROOMS	PARKING STALLS	LIVING SPACE		GARAGE	PATIO	PORCH	TOTAL	
						1 st FLOOR	2 nd FLOOR					
		EXISTING (Sq. Ft.)										

Please read carefully before signing or filling:

PERMIT APPROVAL WILL BECOME NULL AND VOID IF IT IS DETERMINED THAT APPROVAL WAS BASED ON OMISSIONS OR INACCURATE INFORMATION SUBMITTED BY THE APPLICANT

Applicant or Owner's Signature _____

	FRONT	LEFT SIDE	RIGHT SIDE	REAR	STREET SIDE	ALLEY
SETBACKS						
Required						

CENSUS TRACT NO. _____ SCHOOL DISTRICT: _____ TURNAROUND REQUIRED: _____

SPECIAL ZONE DIST. REQMENTS: _____ ON-SITE OPEN SPACE: _____

SPECIAL YARD REQMENTS: _____ FMFCD FEED PAID: Y N

LOT COVERAGE (%): _____ DENSITY (du/ac): _____ P.U.D. ? Y N

PARKING, FROM BACK OF SIDEWALK/CURB (FT): _____ U.G.M. ? Y N

FRONTAGE COVERAGE (%): _____ PREVAILING BLOCK SETBACK: _____ CUP/DP NO.: _____

SPECIAL CONDITIONS (if any): _____

APPROVED FOR SUBMITTAL _____ APPROVED FOR PERMITS _____ DATE _____

This Area is to be Completed by the Applicant or Owner

This Area is to be Completed by the City Staff