



PLAN CHECK / PERMIT WORKSHEET

APPLY ONLINE, TRACK YOUR STATUS, REQUEST INSPECTION AT WWW.CITYOFRC.US/ACCELERATE

JOB SITE ADDRESS, Unit or Suite No.	CONTRACTOR / ENGINEER / ARCHITECT (Business Name): circle one	
OWNER INFORMATION	ADDRESS:	
City / State: _____ Zip: _____	City / State: _____	Zip: _____
Area Code / Telephone: _____	Area code / Telephone # _____	
Is the existing structure connected to: Private (septic) <input type="checkbox"/> Public (sewer) <input type="checkbox"/>	Contractor's License #: _____	Class Code: _____
EMAIL: _____	EMAIL: _____	

Description of proposed work: _____

<u>BUILDING</u>	<u>ELECTRICAL</u>	<u>MECHANICAL</u>	<u>PLUMBING</u>
<p>Commercial Construction</p> <p>IBC Type(s) of Construction VB IIB IIB other _____</p> <p>Occupancy Use(s) B M R3 other _____</p> <p>Bldg Sqft (Shell or Blt-out) _____</p> <p>Tenant Improvement Sqft _____</p> <p>Residential Construction</p> <p>NEW SFR _____sf NEW GAR _____sf</p> <p>Room Addition _____sf</p> <p>Garage Conversion _____sf</p> <p>Patio Cover/Porch _____sf</p> <p>Balcony/Raised Deck _____sf</p> <p>Gunitite Pool/Spa _____sf</p> <p>Waterfall/Grotto _____sf</p> <p>Non-Retaining Garden Wall _____lf x _____height _____lf x _____height</p> <p>Retaining Wall _____lf x _____height _____lf x _____height</p> <p>Re-roof Tear off _____yes _____no Tile # of squares _____ Re-roof Comp. Shingle # of squares _____</p>	<p>New service (amps) _____</p> <p>Sub panels: # _____ amps _____ # _____ amps _____ # _____ amps _____</p> <p>Upgrade Existing Svc. _____</p> <p>New Res. (sq. ft.) _____</p> <p>New Garage (sq. ft.) _____</p> <p># of Outlets, Switches _____</p> <p># of Fixtures _____</p> <p>Motor/Transformer/Generator # _____ HP _____ # _____ HP _____ # _____ HP _____</p> <p># of Electrical SIGNS _____</p> <p>Temp. Power Pole _____ (# of sub poles) _____</p> <p>Photovoltaic System _____</p> <p>GRADING</p> <p><input type="checkbox"/> Rough <input type="checkbox"/> As-Built</p> <p>Cut _____ Fill _____</p> <p><input type="checkbox"/> Precise _____</p> <p><input type="checkbox"/> Clear and Grub _____</p>	<p>Quantity</p> <p>FAU/Furnace Btu's _____</p> <p>Boilers/Compressor/AC HP _____</p> <p>Air Handler CFM _____</p> <p>Floor/Wall/Suspended Heater _____</p> <p>Heater _____</p> <p>Spray Booth _____</p> <p>Exhaust Hood _____</p> <p>Ventilation Fan Bath _____</p> <p>SIGNS</p> <p><input type="checkbox"/> Wall (illuminated)</p> <p><input type="checkbox"/> Wall (non-illuminated)</p> <p><input type="checkbox"/> Monument Sign</p> <p><input type="checkbox"/> Channel Letters</p>	<p>Quantity</p> <p>Water Closets _____</p> <p>Lavatories _____</p> <p>Bathtubs/Showers _____</p> <p>Floor Drains _____</p> <p>Kitchen Sinks _____</p> <p>Laundry Trays _____</p> <p>Clothes Washers _____</p> <p>Water Heater _____</p> <p>Insta-hot Water Heater _____</p> <p>Gas System # of outlets _____</p> <p>Sewer Connection _____</p> <p>Private Sewage System # gallons _____</p> <p>On Site Sewer/Water _____</p> <p>Other plumbing _____</p> <p>DEMOLITION</p> <p># of Structures _____</p> <p>Sewer cap-off _____</p> <p>Abandon Ex. Septic Tank _____</p>

For office use only
Record #s _____
