



**CITY OF SALINAS
DEVELOPMENT AND PERMIT SERVICES DEPARTMENT
65 WEST ALISAL STREET, SALINAS, CA 93901**

Submittal Checklist for New Commercial Construction (15 Day Plan Check)

Applicant Name: _____ Phone: _____

APP* PC*

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Evidence of Zoning (Site Plan Review, PUD, etc) Permit |
| _____ | _____ | 2. Four (4) sets of plans for each structure or address to include the following: 24" x 36" size |
| _____ | _____ | A. General information; include project location on a vicinity map, Assessor Parcel Number, Existing Tree Locations, Building Uses, Building Area, etc. |
| _____ | _____ | B. Plot plan, including property line locations, site layout and all dimensions to property lines. |
| _____ | _____ | C. Grading Plan |
| _____ | _____ | D. Site Improvement |
| _____ | _____ | 1. Parking layout, including accessible parking space and accessible route. |
| _____ | _____ | 2. All Utility Locations; including Sanitary Sewer, Storm Drain, Electrical, Telephone, Cable, etc. |
| _____ | _____ | 3. Street Tree Plot Plan coordinated with Underground Utilities |
| _____ | _____ | 4. Fire Hydrant Locations |
| _____ | _____ | 5. Landscape, Street Lights and Irrigation Plan |
| _____ | _____ | E. Architectural plan, which includes |
| _____ | _____ | 1. Roof Plan |
| _____ | _____ | 2. Floor Plan |
| _____ | _____ | 3. Details for screening of any roof mounted mechanical equipment |
| _____ | _____ | 4. Exterior elevations |
| _____ | _____ | F. Structural plan (stamped and signed by structural engineer) which includes |
| _____ | _____ | 1. Foundation Plan |
| _____ | _____ | 2. Floor Framing Plan |
| _____ | _____ | 3. Roof Framing Plan |
| _____ | _____ | 4. Wall Framing Plan |
| _____ | _____ | 5. Cross-Sections and Details |
| _____ | _____ | G. Plumbing Plan |
| _____ | _____ | H. Mechanical Plan |
| _____ | _____ | I. Electrical Plan |
| _____ | _____ | J. Fire Department Requirements |
| _____ | _____ | 1. Fire Extinguisher Locations |
| _____ | _____ | 2. Fire Alarm Panel Control Location |
| _____ | _____ | 3. Fire Sprinkler Riser Location |
| _____ | _____ | 4. Existing and New Fire Sprinkler Head Locations to Maintain Coverage |
| _____ | _____ | 5. Specified Fire Hydrant Locations and Mains |
| _____ | _____ | K. Title 24 Energy Compliance and Mandatory Features on Plan |
| _____ | _____ | 3. Two (2) Sets of the following. |
| _____ | _____ | A. Soils Report |
| _____ | _____ | B. Structural Calculations |
| _____ | _____ | C. Title 24 Energy Calculations and Compliance Forms |
| _____ | _____ | 4. Two (2) complete sets of 2 and 3 above need to be wet stamped and signed by licensed Architect and/or Engineer. |
| _____ | _____ | 5. A letter from the soil engineer certifying that the foundation design is in conformance with the soil report. |
| _____ | _____ | 6. Provide a list of Sewer Fixture Units |

Checklist Review By: _____ Date: _____

*APP: Applicants please check off items that are submitted to the Permit Center
 PC: This is for Permit Center use only
Note: All entries must be complete. Use N/A for not-applicable