

CITY OF ANAHEIM  
PLANNING DEPARTMENT  
BUILDING DIVISION

**BUILDING PLAN CHECK APPLICATION**

DATE: \_\_\_\_\_

**\*\*NOTICE\*\* All plan check applications MUST include owner's contact information (name, address, phone number, email address). Plan check submittals WILL NOT be accepted without this information. Thank you for your cooperation.**

**PROJECT ADDRESS:** \_\_\_\_\_  
(Number) (Direction) (Street Name) (Unit)

**DESCRIPTION OF WORK:** \_\_\_\_\_

**CONSTRUCTION VALUE OF WORK PROPOSED:** \_\_\_\_\_

**APPLICANT/CONTACT:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**I am the:**

- Property Owner  
 Lessee/Tenant  Designer  
 Agent for: \_\_\_\_\_  
 Contractor  
State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
City License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*PROPERTY OWNER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**ARCHITECT:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ENGINEER:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*(Continued Next Page)*

**PROJECT INFORMATION**

**RESIDENTIAL PROJECTS:**

Building Code Type(s) of Construction: \_\_\_\_\_

Fire Sprinklered  Yes  No

# of stories: \_\_\_\_\_ # of dwelling units: \_\_\_\_\_ # of guest rooms: \_\_\_\_\_

**Square footage of proposed work:**

Living: \_\_\_\_\_ Patio: \_\_\_\_\_ Garage: \_\_\_\_\_ Balcony: \_\_\_\_\_

Carport: \_\_\_\_\_ Deck: \_\_\_\_\_

Number of **existing** bedrooms \_\_\_\_\_

Number of **proposed** bedrooms \_\_\_\_\_

**NON-RESIDENTIAL PROJECTS:**

Building Code Type(s) of Construction: \_\_\_\_\_

Fire Sprinklered  Yes  No

Occupancy Classification	Floor Area (sq. ft.)

Change of Use: Yes \_\_\_\_\_ No \_\_\_\_\_

Existing Occupancy: \_\_\_\_\_ Proposed Occupancy: \_\_\_\_\_

# of stories: \_\_\_\_\_ # of guest rooms: \_\_\_\_\_

New/Added (sq. ft.): \_\_\_\_\_ Remodeled (sq. ft.): \_\_\_\_\_

Tenant Improvement (sq. ft.): \_\_\_\_\_

**For Department Use**

( ) Ok to Issue Permit: \_\_\_\_\_  
Plans Examiner

( ) Hr. Plan Check Fee: \_\_\_\_\_

( ) Trips for Inspection Fee: \_\_\_\_\_  
(1hr./trip)

- \* Minimum Permit Fee \$162.00
- \* Supplemental Permit Fee \$41.00
- \* Plan Check Services (per hour) \$204.00
- \* Planning Plan Check Fee assessed when applicable