



City of
San Gabriel

CITY OF SAN GABRIEL

Plan Check No. _____

Plan Check Form & Receipt

Date _____

Job Address:		
Applicant Name	Phone No.	()
Address		Zip Code
Owner	Phone No.	()
Address	City	Zip Code

OFFICIAL USE ONLY

Existing Floor Area	No. Stories	Type of Construction	Occ. Group	Site Plan Approved
				Yes <input type="checkbox"/> No <input type="checkbox"/>
New Floor Area		Valuation		
House	Garage	Plan Checker		
Commercial				

Description of Work

Historical Site/Comments Yes **GFE** **Investigate**

NOTES TO THE PLAN CHECKER

Building <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Valuation over \$ 100,000 Yes <input type="checkbox"/> No <input type="checkbox"/> (Under 100,000 P/C Fee @ 65%) (Over 100,000 P/C Fee @ 55%)
Title 24 <input type="checkbox"/>	Mechanical <input type="checkbox"/>	RKA Plan Check Fee - Acct.# _____ 121-3623
Calculations <input type="checkbox"/>	Electrical <input type="checkbox"/>	(RKA) 55% of Total Plan Check Fee: _____
Engineering Plan Check Fees <input type="checkbox"/>		(RKA) 65% of Total Plan Check Fee: _____
		San Gabriel Plan Check Fee: _____ (Gen.Fund Acct.# <u>121-3621</u>)
		TOTAL PLAN CHECK FEES PAID: _____

VALIDATION