



# PLAN CHECK FORM & RECEIPT

Plan Check No: \_\_\_\_\_

Date: \_\_\_\_\_

**Job Address:**

**Applicant Name:**

**Phone Number/Email Address:**

**Address:**

**Owner:**

**Phone Number/Email Address:**

**Address:**

Existing Floor Area	No. Stories	Type of Construction	Occ. Group	Site Plan Approved
				<input type="checkbox"/> YES <input type="checkbox"/> NO

New Floor Area	Valuation
House                      Garage	<b>Plan Checker</b>
Commercial	

**Description of Work**

**Historical Site/Comments**       YES       GEF       INVESTIGATE

## NOTES TO THE PLAN CHECKER

- Building**            **Plumbing**
- Title 24**            **Mechanical**
- Calculations**            **Electrical**
- Engineering Plan Check Fees**

Valuation over \$100,000       Yes       No

Under 100,000 P/C Fee @ 65%      RKA Plan Check Fee-Acct. # \_\_\_\_\_

Over 100,000 P/C Fee @ 55%

RKA 55% of Total Plan Check Fee: \_\_\_\_\_

RKA 65% of Total Plan Check Fee: \_\_\_\_\_

**San Gabriel Plan Check Fee:** \_\_\_\_\_

(Gen. Fund Acct. # 121-3621)

**TOTAL PLAN CHECK FEES PAID:** \_\_\_\_\_

## VALIDATION