

City Staff Use Only
Application Complete ___ Yes ___ No
 Check one
 City Staff Initials _____ Date _____

**CITY OF VACAVILLE BUILDING DIVISION
 SUBMITTAL CHECKLIST**

Name of Project _____ Permit #: _____

Address/Location _____

Contact Person _____ Phone Number _____

E-mail _____ Fax Number _____

Contact the City Planner at (707) 449-5140 and obtain approval prior to completing the items on this submittal checklist.

| Number of Copies | APARTMENT COMPLEX – Remodels / REHAB | # Plans Received | Date Received | Received By |
|---|--|------------------|---------------|-------------|
| 3 2 of these sets must be stamped & signed by a licensed architect or engineer | CONSTRUCTION DRAWINGS: <input type="checkbox"/> Site plan showing area of work including all affected units; <input type="checkbox"/> Landscape plan (if applicable); <input type="checkbox"/> Floor plan; <input type="checkbox"/> Architectural details (if applicable); <input type="checkbox"/> Structural (if applicable); <input type="checkbox"/> Plumbing, including isometric; <input type="checkbox"/> Mechanical; <input type="checkbox"/> Electrical, including single line diagram, main panel, subpanel, and all home runs; <input type="checkbox"/> Exterior Alterations and details (if applicable); | | | |
| 1 | COMPLETE SET OF 11x17 OR PDF FILES | | | |
| 2 | STRUCTURAL CALCS – Stamped and signed by a licensed engineer or architect. | | | |
| 2 | ENERGY CALCS - Include all compliance forms and work sheets required by the California Energy Commission. | | | |
| 2 | MANUFACTURERS INFORMATION BOOKLETS for hoods and other kitchen equipment (if applicable) | | | |
| 1 | PLANNING APPROVAL LETTER (if applicable) | | | |
| 1 | AIR QUALITY MANAGEMENT DISTRICT SURVEY FORM | | | |
| 1 | OWNER / BUILDER VERIFICATION FORM | | | |
| 1 | BUILDING PERMIT INFORMATION FORM (include contract amounts) | | | |