PLAN CHECK FORM & RECEIPT

Plan Check No:_____ **Date:**_____

Job Address:	
Applicant Name:	**Phone Number:**
Address:	
Owner:	**Phone Number:**
Address:	

Existing Floor Area	**No. Stories**	**Type of Construction**	**Occ. Group**	**Site Plan Approved**
				☐ **YES** ☐ **NO**

New Floor Area	**Valuation**
House **Garage**	**Plan Checker**
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