

Plan submittals for multi-family (3+), commercial, industrial, institutional, or mixed use projects **must be accompanied by this transmittal form** or by an equivalent transmittal form including all of the requested information. Submittals accompanied by insufficient transmittal information will be rejected. Prior to submittal, all plans must be reviewed by the "Registered Design Professional in Responsible Charge" for general conformance to the design of the building.

FOR REVISED PLAN SUBMITTALS: All changes to previously reviewed plans must be noted with balloon or cloud markings on the revised plans.

PLEASE COMPLETE ALL ITEMS AS INDICATED; THIS INFORMATION IS THE MINIMUM REQUIRED

I. Project Information **Please Print or Type** **Permit #:** _____

A. Location (Required)

Project Address _____ Suite No. _____ Floor No. _____ Project Name _____

B. Transmittal Details (Required)

Included	Plan Type	Submittal Type*			For a Revised Submittal, describe the scope of the changes for each plan type.	Designer Name & Company
		Initial	OR	Revised		
<input type="checkbox"/>	Site	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Grading/SESC	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Utility	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Architectural	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Structural	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Fire Alarm	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Mechanical/HVAC	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Food Service	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Plan Review Response Letter Attached				_____	_____

*Submittal Type Explanation:

Initial Submittal: The first submittal of the specific plan type to the City, including approved deferred submittals.

Revised Submittal: Any subsequent submittal of the specific plan type to the City after the Initial Submittal; the scope of the changes must be described.

II. Identification

Design Professional in Responsible Charge (Required)

As the Registered Design Professional in Responsible Charge, I have reviewed these plans and found them to be in general conformance to the design of the building.

Name & Title Company Name

Signature of Design Professional in Responsible Charge Date

WARNING: ANY OMISSION OR MISREPRESENTATION OF FACT ON THIS DOCUMENT MAY RESULT IN THE REVOCATION OF THE BUILDING PERMIT AND/OR LEGAL ACTION BEING TAKEN