



City of Tulare
Building Division
 559-684-4217



MINIMUM PLAN CHECK SUBMITTAL CHECKLIST

SITE ADDRESS	APN
CITY	ZIP
OWNER NAME	OWNER PHONE
CONTRACTOR	CONTRACTOR PHONE

Residential: *New* *Addition* *Remodel* **Commercial:** *New* *Remodel* *Tenant Improvement*

Permit Staff will review this checklist prior to plan check submittal to ensure completeness. Please complete the form prior to arriving at the counter.

		Documents	Check if Provided	Completed by staff			
				Required		Provided	
GENERAL		Completed building permit application form		Yes	No	Yes	No
		Scope of work documented on the plans		Yes	No	Yes	No
		Documented cost estimate to establish valuation		Yes	No	Yes	No
		complete sets of plans		Yes	No	Yes	No
SUPPORTING DOCUMENTS		Project data (APN#, type of construction, occupancy classification, floor area, lot coverage, floor area ratio, existing use, proposed use)		Yes	No	Yes	No
		Structural calculations, if applicable (2 copies)		Yes	No	Yes	No
		Geotechnical soils investigation report		Yes	No	Yes	No
		Title 24 energy compliance report, if applicable (2 copies)		Yes	No	Yes	No
		Manufacture Specifications		Yes	No	Yes	No
COVER SHEET		Site plan (including north arrow with scale, contours, setbacks, property boundaries with dimensions, structures (existing and proposed), location of roads, driveways, easements site utilities, supply lines and meter locations, direction of drainage, floodplain vegetation and trees, etc.)		Yes	No	Yes	No
		Project data (assessor's parcel number, type of construction, occupancy classification, square footage, lot coverage, floor area ratio, etc.)		Yes	No	Yes	No
		Name and address of property owner		Yes	No	Yes	No
		Name and address of site plan preparer		Yes	No	Yes	No
		Seismic hazard zone		Yes	No	Yes	No
		Special Inspection Items		Yes	No	Yes	No

	Documents	Check if Provided	Completed by staff			
			Required		Provided	
PLANS	Engineer/Architect stamp & signature		Yes	No	Yes	No
	Grading and drainage plans		Yes	No	Yes	No
	Floor plans with framing details (existing-proposed)		Yes	No	Yes	No
	Elevations (north, south, east and west) with section view referenced		Yes	No	Yes	No
	Cross Sections/Details		Yes	No	Yes	No
	Foundation plan with foundation details cross referenced		Yes	No	Yes	No
	Roof framing plan with details		Yes	No	Yes	No
	Title 24 energy certificate of compliance forms		Yes	No	Yes	No
	Structural framing plans		Yes	No	Yes	No
	Structural details		Yes	No	Yes	No
	Stairs and stair details (if applicable)		Yes	No	Yes	No
	Disabled accessibility details		Yes	No	Yes	No
	Plumbing plans		Yes	No	Yes	No
	Mechanical plans		Yes	No	Yes	No
	Electrical plans		Yes	No	Yes	No
	Landscape Plans		Yes	No	Yes	No
Documentation to show Conformance with California Green Building Standards Code		Yes	No	Yes	No	
OTHER	Owner/Builder verification (if you as the owner will be pulling the permit)		Yes	No	Yes	No

To be completed by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name: (Print) _____ Signature: _____

Contact Phone Number: _____

E-mail: _____ Date: _____

APN: _____