



DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION
 276 Fourth Avenue Chula Vista CA 91910
 619-691-5272 619-409-5428 FAX

NEW
CONSTRUCTION
WORKSHEET
COMMERCIAL/INDUSTRIAL

FORM 4561

MINIMUM PLAN SUBMITTAL REQUIREMENTS

Planning Division

(GRAY AREAS FOR OFFICE USE ONLY.)

<input type="checkbox"/> Design Review Committee DRC #:	<input type="checkbox"/> Planning Commission PCC or PCS #:	<input type="checkbox"/> Variance ZAV #:
<input type="checkbox"/> Two sets of Landscape & Irrigation Plans (if permit valuation is > \$20,000)		

Engineering Department

<input type="checkbox"/> Approved Final Subdivision or Parcel Map for addresses or parcels on this worksheet: Final Map #:	<input type="checkbox"/> Approved Grading Permit: Grading Permit #:
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Building Division

Four complete sets of fully dimensioned, drawn to scale plans which include all of the following:

<input type="checkbox"/> Title Sheet	<input type="checkbox"/> Elevations	<input type="checkbox"/> Electrical Plans
<input type="checkbox"/> Plot/Site Plan	<input type="checkbox"/> Roof Plan	<input type="checkbox"/> Mechanical Plans
<input type="checkbox"/> Foundation Plan	<input type="checkbox"/> Cross Sections	<input type="checkbox"/> Plumbing Plans (including 2 sets of plumbing isometric plans)
<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Structural framing plans & details	

Two copies of the following:

<input type="checkbox"/> Soils Report (two additional copies required for projects utilizing post tension foundation design)	<input type="checkbox"/> Structural calculations
<input type="checkbox"/> Title 24 Energy compliance documentation (Certificate of Compliance sheets shall be reproduced on actual plan sheets)	<input type="checkbox"/> Engineered truss layout & details (if roof/floor trusses are used)
<input type="checkbox"/> California Administrative Code, Part 2, Title 24 plans demonstrating compliance with disabled access requirements	<input type="checkbox"/> Single line diagram for electrical services over 200 amps
	<input type="checkbox"/> Hazardous Material Questionnaire
	<input type="checkbox"/> Approved Health Department Plans (if food service business)

Site Address:		Parcel #:	
Applicant Name:		<input type="checkbox"/> Agent for Owner	<input type="checkbox"/> Agent for Contractor
Address:	City:	State:	Zip Code:
Phone #:	Fax #:	E-mail:	
Owner:		E-mail:	
Address:	City:	State:	Zip Code:
Contractor:		E-mail:	
Address:		State:	Zip Code:
Chula Vista Business License #:	State License #:	Class:	Expires:

NEW COMMERCIAL/INDUSTRIAL BUILDINGS

Activity #:

Building Number/Tenant	Bldg Sq Footage	Type of Construction	Occupancy	Shell	Fire Sprinklers	A/C
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

NEW COMMERCIAL ACCESSORY STRUCTURES

ID #:	<input type="checkbox"/> Patio Cvr/Encl	<input type="checkbox"/> Retaining Wall/Masonry Fence	<input type="checkbox"/> Trash Encl	<input type="checkbox"/> City Stnd	Sq Ft:	Activity #:
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FOR CONSTRUCTION OF ADDITIONAL BUILDINGS AND ACCESSORY STRUCTURES AT THE SAME ADDRESS, COMPLETE FORM 4561a.

NEW COMMERCIAL POOL

Activity #:

<input type="checkbox"/> Gunitite <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass	Sq Ft:	Solar Heater <input type="checkbox"/> Y <input type="checkbox"/> N	Spa <input type="checkbox"/> Y <input type="checkbox"/> N	Deck <input type="checkbox"/> Y <input type="checkbox"/> N	Sq Ft:
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BUILDING DEMOLITION

Activity #:

Type of Building	Square Footage	Asbestos Form	Disconnect Notices:	
		<input type="checkbox"/> Y <input type="checkbox"/> N	SDG&E <input type="checkbox"/> Y <input type="checkbox"/> N	PAC BELL <input type="checkbox"/> Y <input type="checkbox"/> N

WORK NOT LISTED ABOVE:

Activity #:

Valuation:	Form 4561: <input type="checkbox"/> Y <input type="checkbox"/> N
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Applicant

Development Services Technician

Date