

PLAN CHECK APPLICATION

Building and Safety Division {805}875-8220

APN#	LOT#	LOM	DATE:
Plan check #	Valuation of Improvement-\$		
Building Address			Use Zone
Name of person who will make corrections on plans			
Use of Exist Bldg.(s)		Existing Floor Area	
Use of Proposed Bldg.(s)		Proposed Floor Area	
Telephone #	Account # 40010-46230	Plan Check Despoit \$	Received By City Treasurer Use: Date
Type of Construction	<input type="checkbox"/> I	<input type="checkbox"/> II-FR	<input type="checkbox"/> II-1Hr
SPRINKLERED _ YES _ NO	<input type="checkbox"/> III-1HR	<input type="checkbox"/> III-N	<input type="checkbox"/> V-1Hr

{3} Three sets / Single Family Dwelling OR {4} Four sets / Commercial and Multi-Family

Including:	Structural Calculation	Heating & Air Cond. Plan	
Plot Plan	Ceiling & Roof Frame	Specification	
Foundation Plan	Architectural & Structural	Engineer's Signature on plan	
Floor Plan	Electrical Plan	Architect's Signature on plan	
Soil Investigation	Plumbing Plan		

PROJECT NOTIFICATION INFORMATION

The City of Lompoc makes every effort to keep all interested parties to any project informed as to the status of plan review activity. Further, during plan check it is often necessary to contact the owner or contractor for more information . So that we can make those contacts, we ask you to fill out the requested information below. Application for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans submitted for review may be thereafter be destroyed by the Building Official.

LEGAL OWNER OF PROPERTY

NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

PROJECT OWNER

NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

PROJECT DESIGN PROFESSIONAL OR CONTRACTOR

NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

OTHER

NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

APPLICATION COMPLETED BY Designer Owner Contractor Other

Name Signature	Date
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