<><|revised|>>>>G:\HANDOUTS\HANDOUTS\PLANCK.WPD\rhmDecember 7, 2000

PLAN CHECK APPLICATION gary 4161 Building and Safety Division {805}875-8220 (hotmaile COM APN# LOT# LOM 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 # 805 Account # Plan Check Despoit \$ Received By City Treasurer Use: 40010-46230 Type of Construction ☐ II-FR □ II-1Hr \square II-N SPRINKLERED VYES NO ☐ III-1HR □ III-N □ V-1Hr \square V-N {3}Three sets / Single Family Dwelling (4) Four sets / Commercial and Multi-Family OR 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 CITY STATE ZIP CODE PROJECT OWNER ADDRESS PHONE NUMBER CITY, STATE. ZIP CODE PROJECT DESIGN PROFESSIONAL OR CONTRACTOR Sane PHONE NUMBER CITY, STATE, ZIP CODE OTHER NAME ADDRESS CITY, STATE, ZIP CODE APPLICATION COMPLETED BY ☐ Designer ☐ Owner ☐ Contractor ☐ Other Name Signature