



Re-submittal Checklist

Contact Phone:	Your name / title:
Date:	Contact e-mail:
Plan check #:	Job Address:

How many previous submittals have there been for this project? _____

***ALL PREVIOUS SUBMITTALS ARE REQUIRED FOR RE-SUBMITTAL
PLANS WILL BE RETURNED WITHOUT REVIEW IF NEW SETS ARE INCOMPLETE***

Please check the boxes for the reviewing departments you are re-submitting to.

Building	Planning	Parks	Fire
CUPA	Electrical	Source Control	Other

How many new sets of plans are you providing? _____

Supplementals

Enter Number of Sets Being Submitted

____ Energy / Title 24 ____ Structural Calculations ____ Truss Calculations

Are you providing any additional calculations, reports, or supplemental documents? If so, please indicate what types and how many copies of each below.

