CITY OF SALINAS
DEVELOPMENT AND PERMIT SERVICES DEPARTMENT
65 WEST ALISAL STREET, SALINAS, CA 93901
Submittal Checklist for Commercial Alteration (10 Day Plan Check)

Applicant Name: _____ Phone:_____

APP*	PC*	
		1. Four (4) sets of plans for each structure or address to include the following: 24" x 36" size
_____	_____	A. General information; include project location on a vicinity map, Assessor Parcel Number, Existing Tree Locations, Building Uses, Building Area, etc.
_____	_____	B. Plot plan, including property line locations, site layout and all dimensions to property lines.
		C. Site Improvement
_____	_____	1. Parking layout, including accessible parking space and accessible route.
_____	_____	2. All Utility Locations; including Sanitary Sewer, Storm Drain, Electrical, Telephone, Cable, etc.
_____	_____	3. Fire hydrant locations.
		D. Architectural plan, which includes
_____	_____	1. Roof Plan
_____	_____	2. Floor Plan
_____	_____	3. Details for screening of any roof mounted mechanical equipment
_____	_____	4. Exterior elevations
		E. Structural plan (stamped and signed by structural engineer) which includes
_____	_____	1. Foundation Plan
_____	_____	2. Floor Framing Plan
_____	_____	3. Roof Framing Plan
_____	_____	4. Wall Framing Plan
_____	_____	5. Cross-Sections and Details
_____	_____	F. Plumbing Plan
_____	_____	G. Mechanical Plan
_____	_____	H. Electrical Plan
		I. Fire Department Requirements
_____	_____	1. Fire Extinguisher Locations
_____	_____	2. Fire Alarm Panel Control Location
_____	_____	3. Fire Sprinkler Riser Location
_____	_____	4. Existing and New Fire Sprinkler Head Locations to Maintain Coverage
_____	_____	5. Specified Fire Hydrant Locations and Mains
_____	_____	J. Title 24 Energy Compliance and Mandatory Features on Plan
		2. Two (2) Sets of the following.
_____	_____	A. Structural Calculations
_____	_____	B. Title 24 Energy Calculations and Compliance Forms
_____	_____	3. Two (2) Complete Sets of 1 and 2 above need to be wet stamped and signed by licensed Architect and/or Engineer. Submit a set of mall management approval drawings for tenant improvements in Northridge Mall.
_____	_____	4. Provide a list of Sewer Fixture Units (Existing and Proposed)

Checklist Review By: _____ Date:_____

*APP: Applicants please check off items that are submitted to the Permit Center
PC: This is for Permit Center use only
Note: All entries must be complete. Use N/A for not-applicable