



**CITY OF SALINAS
DEVELOPMENT AND PERMIT SERVICES DEPARTMENT
65 WEST ALISAL STREET, SALINAS, CA 93901**

Submittal Checklist for Residential Alteration Construction (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, Building Uses, Building Area, etc. |
| _____ | _____ | B. Plot plan, including property line locations, site layout and all dimensions to property lines. |
| _____ | _____ | C. Grading Plan if new addition |
| _____ | _____ | D. Architectural plan, which includes |
| _____ | _____ | 1. Existing Roof Plan |
| _____ | _____ | 2. New Roof Plan |
| _____ | _____ | 3. Exterior Floor Plan |
| _____ | _____ | 4. New Floor Plan |
| _____ | _____ | 5. Existing Exterior Elevation |
| _____ | _____ | 6. New Exterior Elevations |
| _____ | _____ | E. Structural plan which includes |
| _____ | _____ | 1. Foundation Plan |
| _____ | _____ | 2. Floor Framing Plan |
| _____ | _____ | 3. Roof Framing Plan |
| _____ | _____ | 4. Wall Framing Plan |
| _____ | _____ | 5. Cross-Sections and Details |
| _____ | _____ | F. 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. |

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