



BUILDING AND SAFETY DIVISION
 1685 MAIN STREET
 SANTA MONICA, CA 90401
 310-458-8355

OVER THE COUNTER PLAN CHECK & COMBO PERMIT APPLICATION

All Plan Check Documents and Any Required Approvals from Coastal, Landmarks, Planning, Zoning Administrator, and Architectural Review Board Due Upon Submission of Application

PROJECT NUMBER:	
Date:	
Amount:	
Tender:	Permit Specialist:

Plan Check Expires One Year from Date of Application.

To Be Completed By Applicant									
Property Address:					Assessor's Parcel Number:				
Project/Tenant Name:							Unit # :		Floor #:
Property Owner	Name:				Phone No.		Fax No.		
	Address:				City		Zip Code		
	Email Address:								
Applicant	Name:				Phone No.		Fax No.		
	Address:				City		Zip Code		
	Email Address:								
Contractor	Business Name:				Phone No.		Fax No.		
	Address:			City		State	Zip Code		
	Contractor's City Business License No.:			Contractor's State of California License No.:			Classification:		
Is this for an existing tenant occupied residential building (Rental)? YES or NO If yes, is the building currently occupied? YES or NO									
Description of Work:									
								Cost of Work: \$	
Applicant's Signature							Date:		
FOR STAFF USE ONLY									
At Project Completion:		Construction Type(s):	II-F.R.	III-One Hour	V-One Hour	Sprinkler Type:	Non-Sprink Full		
# Buildings:		# Units:	# Stories:	Occupancy:		Cost of Work: \$			
Proposed Building Use(s):					Existing Building Use(s):				
HOA Required? YES NO					Means & Method Required? YES NO				
Change of Use? YES NO					Class Code:				
CITY PLANNING STAFF USE ONLY									
Indicate As R-Received or N/A-Not Applicable									
APPROVALS:	Coastal Comm	Arch. Review Board		Landmark Comm.	Planning Comm.		Zoning Administrator		
Fee Exempt:	City Project	Elec. Vehicle Charger		Landmark	Seismic Retrofit		Special Case: Bldg Official Approved		
Expedite Project(s):	Childcare	City Project		Green Building	Landmark		Affordable Housing		
FOR STAFF USE ONLY									
Building & Safety	Sustainability	Civil Engineering	City Planning	Fire	Solid Waste - C&D	Transportation	Rent Control		

PLAN CHECK SUBMITTAL - Building Safety:

Engineering Reports		Plan Check	
Geotechnical Report Submitted Alone: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Demo <input type="checkbox"/> YES or NO <input type="checkbox"/> Over the Counter <input type="checkbox"/> YES or NO <input type="checkbox"/> Formal <input type="checkbox"/> YES or NO <input type="checkbox"/>	
I. Over the Counter Plan Check - Standard: <input type="checkbox"/> YES or NO <input type="checkbox"/>			
Submittal Plan Review		Alterations and Additions: Indicate Square Footage:	
New Building: Indicate Square Footage:		Residential Remodel and Additions: <input type="text"/> s.f.	
One & Two Family Dwellings & Accessory Buildings <input type="text"/> s.f.		Tenant Improvements: <input type="text"/> s.f.	
Apartments, Condos, Hotels & attached parking <input type="text"/> s.f.		Interior Demolition <input type="text"/> s.f.	
Commercial and Industrial & attached parking <input type="text"/> s.f.		Plan Check/Plan Revisions - Not Otherwise Classified: <input type="text"/> hrs.	
Shell only building & attached parking: <input type="checkbox"/> YES or NO <input type="checkbox"/>			
Commercial Garage Structures: <input type="text"/> s.f.			
II. Mechanical	Over the Counter	<input type="checkbox"/> YES or NO <input type="checkbox"/>	Electrical
	Submitted Plan Review	<input type="checkbox"/> YES or NO <input type="checkbox"/>	Over the Counter
			Submitted Plan Review
			Submitted Plan Review
Geo-technical Reports:		Building/Shoring Plan Review	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Major Structures:	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Over 750 sq ft:	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Engineering Report Review		Alternate Methods of Construction	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Energy Compliance - Title 24, Part 6 Calif. Energy Code	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
IV. Miscellaneous Reviews:		Accessibility Board Appeal:	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Modification of Technical Code:	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Accessibility Board Ratification of Building:	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Building and Safety Commission Appeal:	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Record Fees: Maintenance of Permit Documents	
		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
CITY PLANNING:			
Over the Counter Plan Check:		Required to review:	
<input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Standard & Complex Plan Check:		Per hour after first 3:	
<input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="text"/> hrs.	
Demolition Plan Check:		Per hour-plan revisions, restamping plans, permit renewals:	
<input type="text"/> s.f.		<input type="text"/> hrs.	
PWD:			
Over the Counter Plan Check		Required to review:	
<input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Standard & Complex Plan Check:		Solid Waste Facilities - New or alterations to existing:	
Excavation and Shoring: <input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Hydrology: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Urban Runoff Mitigation Plan: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
Industrial Waste Discharge: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Utilities - New water services or sewer installations: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
Site Drainage: <input type="checkbox"/> YES or NO <input type="checkbox"/>		With Tiebacks: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
Landscape: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Soldier Beams: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
Miscellaneous Reviews:		Plan Checks/Plan Revisions - Not otherwise Classified <input type="text"/> hrs.	
FIRE:			
Over the Counter Plan Check:		Required to review:	
<input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Standard & Complex Plan Check		Misc Reviews: Plan Check - Not otherwise Classified:	
New Buildings - Except One and Two Family Dwellings <input type="text"/> s.f.		<input type="text"/> hrs.	
Commercial Tenant Improvements: <input type="text"/> s.f.		Plan Revisions and Deferred Submittals: <input type="text"/> hrs.	
		Alternate Methods Applications: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
OPEN SPACE MANAGEMENT:			
Standard & Complex Plan Check		Required to review:	
Tree Protection, Replacement, or Removal Required: <input type="text"/> lineal ft		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Miscellaneous Reviews: Plan Check - Not otherwise Classified: <input type="text"/> hrs.	
TRANSPORTATION MANAGEMENT:			
Standard & Complex Plan Check		Required to review:	
# of Parking Spaces		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Parking and Onsite Circulation Design: # <input type="text"/>		Misc Reviews: Plan Check - Not Classi <input type="text"/> hrs.	
PERMIT ISSUANCE			
Building		Misc. Change of Record	
<input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
I. Renew Permit		Replacement Inspection Card	
<input type="checkbox"/> YES or NO <input type="checkbox"/>		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
New Building		Ext. of Time to Start Construction	
One and Two Dwellings: <input type="text"/> sq ft		<input type="checkbox"/> YES or NO <input type="checkbox"/>	
Apartments, Condominium and Hotels <input type="text"/> sq ft		Ext. of Time to Resume or Complete Const <input type="text"/> hrs.	
Alt & Additions		Commercial and Industrial <input type="text"/> sq ft	
Residential Remodel and Additions <input type="text"/> sq ft		Shell Building: <input type="text"/> sq ft	
Tenant Improvements <input type="text"/> sq ft		Commercial Garage Structures: <input type="text"/> sq ft	
		Interior Demolition: <input type="text"/> sq ft	
II. Record Fees: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Maintenance of Plan Docs - # of sheets/approved plans <input type="text"/> #	
C O D E		Penalty Fees	
Work without a permit		Investigation Fee	
A. Single Family Dwellings:		Penalty Fees	
Single Improvements (No Plans) < 10 day: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Investigation Fees	
Permit Obtained More than 10 Days: <input type="checkbox"/> YES or NO <input type="checkbox"/>		Investigation Fees	
Major Improvements (Struct Plans Req): <input type="checkbox"/> YES or NO <input type="checkbox"/>		Investigation Fees	
b. All Other Uses:		Investigation Fees	
Major Improvements (Struct Plans Req): <input type="checkbox"/> YES or NO <input type="checkbox"/>		Investigation Fees	
III. Means and Method Plan Monitoring		No. of Working Days <input type="text"/> #	
Planning		Final Inspection - Administrative & ARB Projects: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
Open Space		**Work Authorized Near City Trees	
		Construction Insp & Monitoring: <input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Verify Existing Tree Conditions <input type="checkbox"/> YES or NO <input type="checkbox"/>	
Parks & Recreation		New Dwelling Unit: # <input type="text"/>	
SCHOOL DISTRICT DEVELOPMENT FEES:			
Single Family Residential: <input type="text"/> sq ft		Multiple Family Residential: <input type="text"/> sq	
New Building <input type="text"/>		New Building <input type="text"/>	
Existing to be DEMO: <input type="text"/>		Existing to be DEMO: <input type="text"/>	
		Residential (1-3 Stories) <input type="checkbox"/> YES or NO <input type="checkbox"/>	
		Comm. - (Hotels, Residential 4 or more stories, All others) <input type="checkbox"/> YES or NO <input type="checkbox"/>	