

PLAN CHECK NO. _____

<h1 style="margin: 0;">PLAN CHECK APPLICATION</h1>	<p>City of Garden Grove Community Development Department Building Services Division</p>
<p>Application Type:</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Building <input type="checkbox"/> Fire <input type="checkbox"/> Grading</div><div style="width: 50%;"><input type="checkbox"/> Electrical <input type="checkbox"/> Cut _____ c.y.</div><div style="width: 50%;"><input type="checkbox"/> Mechanical <input type="checkbox"/> Fill _____ c.y.</div><div style="width: 50%;"><input type="checkbox"/> Plumbing</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition</div>	<p style="text-align: center;">(For City Use Only) PRESUBMITTAL REVIEW</p> <p style="text-align: center;">Flood Area?</p> <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <p style="text-align: center;">Substantial Improvement?</p> <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <p style="text-align: center;">OK to Submit _____</p>
<div style="margin-bottom: 10px;">1. Job Address: _____</div> <div style="margin-bottom: 10px;">2. Property Owner / Tenant: _____ Phone No.: _____ Address: _____</div> <div style="margin-bottom: 10px;">3. Applicant: _____ Phone No.: _____ Address: _____ <div style="margin-top: 5px;">Indicate if: <input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer <input type="checkbox"/> Other <input type="checkbox"/> Contractor: License No. _____ Class _____</div></div> <div style="margin-bottom: 10px;">4. Contact Person: _____ Phone No.: _____ Address: _____</div> <div style="margin-bottom: 10px;">5. Proposed Use: _____ Present Use: _____</div> <div style="margin-bottom: 10px;">6. Existing Floor Area: _____ Floor Area Added: _____</div> <div style="margin-bottom: 10px;">7. Type of Construction: _____ Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-bottom: 10px;">8. Valuation: \$ _____</div> <div style="margin-bottom: 10px;">9. Proposed Work: _____ _____ _____ _____ _____</div>	