

Residential Plan-Plan Review Checklist

Project Name: _____
 Project Contact Name: _____
 Date: _____

Submission of this completed form is a part of the Residential Application. All items should be "checked off" prior to submittal to ensure a complete submittal. If the applicant deems an item to be "Not Applicable" to the proposed development, it shall be marked as "NA" with an explanation.

| Not Applicable | Included | Item Description | Notes | Official Use Only | | |
|----------------|----------|---|-------|-------------------|------------|----------|
| | | | | Missing | Incomplete | Code Ref |
| | | BUILDING FLOOR PLAN: (Provide 3 copies) | | | | |
| | | Total square footage of the finished floor area | | | | |
| | | Rooms | | | | |
| | | <input type="checkbox"/> Dimensions | | | | |
| | | <input type="checkbox"/> Overall room square footage | | | | |
| | | <input type="checkbox"/> Identify room use (kitchen, etc) | | | | |
| | | Windows | | | | |
| | | <input type="checkbox"/> Location and square footage | | | | |
| | | <input type="checkbox"/> Distance from floor to sill plate | | | | |
| | | BUILDING ELEVATIONS: (Provide 3 copies) | | | | |
| | | Exterior grade levels and height from finished floor level to peak of roof | | | | |
| | | Elevation of all sides clearly labeled | | | | |
| | | Location and height of chimneys and rooftop mounted equipment | | | | |
| | | Exterior material and percentage of masonry (This shows the elevations that are identified on the coversheet) | | | | |
| | | STRUCTURAL PLANS & DETAILS: (Provide 3 copies) | | | | |
| | | Details of provisions for narrow wall bracing | | | | |
| | | Details of stairs, handrails & guardrails | | | | |
| | | Locations & dimensions of exterior decks, stairs & canopies | | | | |
| | | Dimensioned floor framing plans & details | | | | |
| | | Dimensioned roof framing plans & details | | | | |
| | | Details & certifications for manufactured trusses & joists | | | | |
| | | Details of bearing wall construction | | | | |
| | | MECHANICAL PLAN: (Provide 3 copies) | | | | |

| Not Applicable | Included | Item Description | Notes | Official Use Only | | |
|----------------|----------|--|-------|-------------------|------------|----------|
| | | | | Missing | Incomplete | Code Ref |
| | | Location of ventilation systems | | | | |
| | | PLUMBING : (Provide 3 copies) | | | | |
| | | Location and size of all plumbing fixtures and drains | | | | |
| | | Location and type of backflow devices (as required) | | | | |
| | | Identify location of proposed and existing water meter(s) with sizes noted | | | | |
| | | Location and elevation information of all water heaters | | | | |
| | | ELECTRICAL PLAN: (Provide 3 copies) | | | | |
| | | Power floor plan showing receptacles, switches, outlets, etc. (identify if new, existing, relocated) | | | | |
| | | Lighting floor plan including fixture types and wattage | | | | |
| | | Show panel location | | | | |
| | | Label all rooms and areas on floor plans | | | | |
| | | ADDITIONAL DOCUMENTS REQUIRED: (Provide 1 copy of the following unless noted otherwise) | | | | |
| | | Energy Compliance Reports (and worksheets) Res-check not acceptable | | | | |
| | | Geotechnical Report (Soils Report) | | | | |
| | | Stamped Engineered foundation plan with letter (provide 2 copies) | | | | |

*******End of Checklist for Residential *******