

**ORANGE COUNTY  
DIVISION OF BUILDING SAFETY  
PLANS COORDINATION ROUTE SHEET**

Permit Number: **B**\_\_\_\_\_

Project Name: \_\_\_\_\_

Coordinating Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If there were comments on this project, how would you like to receive them:

Pick them up    Fax them to Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    E-Mail Customer shall access Web Page

Zoning of subject site: \_\_\_\_\_ Water service: \_\_\_\_\_    Sewer    Septic

Is proposed work in response to a Notice of Code Violation written by an Orange County Inspector?    Yes    No

Is proposed work in response to an unsafe abatement notice?    Yes    No

Has project had a pre-review?    Yes    No   If Yes, Commercial Plans Examiner(s): \_\_\_\_\_

Is building fire sprinklered?    Yes    No   Required work:  Plumbing    Electrical    Mechanical    Gas

**Alterations Only:**

Is this a new tenant?    Yes    No   If Yes, state previous use: \_\_\_\_\_

Intended use of space: \_\_\_\_\_

List use of adjoining tenant space(s):   Side \_\_\_\_\_ Above \_\_\_\_\_

Rear \_\_\_\_\_ Side \_\_\_\_\_ Below \_\_\_\_\_

**Division of Building Safety Use Only:**

New Construction    Alterations    Site Work Only

1. # \_\_\_\_\_ plans routed to:    Zon'g    Eng'g    Fire    PUD    EPD    Plan'g    Health    CPR   By: \_\_\_\_\_

Date: \_\_\_\_\_ Plans:    Rolled    In Folder   Comments: \_\_\_\_\_

2. # \_\_\_\_\_ plans routed to:    Zon'g    Eng'g    Fire    PUD    EPD    Plan'g    Health    CPR   By: \_\_\_\_\_

Date: \_\_\_\_\_ Plans:    Rolled    In Folder   Comments: \_\_\_\_\_

3. # \_\_\_\_\_ plans routed to:    Zon'g    Eng'g    Fire    PUD    EPD    Plan'g    Health    CPR   By: \_\_\_\_\_

Date: \_\_\_\_\_ Plans:    Rolled    In Folder   Comments: \_\_\_\_\_

**Re-submittal fee:** \$ \_\_\_\_\_   Receipt number: \_\_\_\_\_

4. # \_\_\_\_\_ plans routed to:    Zon'g    Eng'g    Fire    PUD    EPD    Plan'g    Health    CPR   By: \_\_\_\_\_

Date: \_\_\_\_\_ Plans:    Rolled    In Folder   Comments: \_\_\_\_\_

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Page 2 (1; File)          | <input type="checkbox"/> Fire Flow Calc's (3; 1 Fire & 2 PUD)   | <input type="checkbox"/> Threshold Insp. Plan (3; CPR)        | <input type="checkbox"/> Truss Eng. (3; CPR)      |
| <input type="checkbox"/> Notice of Comm. (1; File) | <input type="checkbox"/> Soils Report (2; CPR & ENG)            | <input type="checkbox"/> O.H. Door Eng. (3; CPR)              | <input type="checkbox"/> Spec.Cool/Freez (3; CPR) |
| <input type="checkbox"/> Spec Books (2; CPR)       | <input type="checkbox"/> Drainage/Stormwater Calc's (2; ENG)    | <input type="checkbox"/> Structural Calc's (3; CPR)           | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Energy Calc's (4; CPR)    | <input type="checkbox"/> Site Work Cost Estimate (2; PUD & ENG) | <input type="checkbox"/> Hydraulic Calc's (3; 1 Fire & 2 PUD) |   |

Examiner: \_\_\_\_\_  
\_\_\_\_\_  Accepted    Denied \_\_\_\_\_  
\_\_\_\_\_  Accepted    Denied \_\_\_\_\_  
\_\_\_\_\_  Accepted    Denied \_\_\_\_\_  
\_\_\_\_\_  Accepted    Denied \_\_\_\_\_  
\_\_\_\_\_   Finaled by: \_\_\_\_\_

Customer contacted:  
Date \_\_\_\_\_ By \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Page 2 \_\_\_\_\_ Notarized POA \_\_\_\_\_  
Fees Due PUD \_\_\_\_\_ Total Due \_\_\_\_\_