



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: _____

Is Notice of Commencement Recorded? [] Yes [] No

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

[] Pick them up [] 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 [] None

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 _____

Please mark the following (if applicable):

- [] Page 2 (1 File) [] O.H. Door Eng. (3 CPR) [] Win/Door Prod Approval (3 CPR) [] Site Work Cost Estimate (2: PUD & ENG)
[] Notice of Comm. (1 File) [] Threshold Insp. Plan (3 CPR) [] Spec Books (2: 1 CPR & 1 Fire) [] Fire Flow Calc's (3; 1 Fire & 2 PUD)
[] Energy Calc's (3 CPR) [] Spec.Cool/Freez (3: CPR) [] Soils Report (2: 1 CPR & 1 ENG) [] Hydraulic Calc's (3; 1 Fire & 2 PUD)
[] Structural Calc's (3 CPR) [] Truss Eng. (3 CPR) [] Drainage/Stormwater Calc's (2 ENG) [] Other: _____

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: _____

Minimum Contractor Required: _____

Examiner: _____

Customer contacted: _____

_____ [] Accepted [] Denied _____

Date _____ By _____

_____ [] Accepted [] Denied _____

_____ [] Accepted [] Denied _____

_____ [] Accepted [] Denied _____

Page 2 _____ Notarized POA _____

Finalled by: _____

Fees Due PUD _____ Total Due _____