



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

COLLATERAL DOCUMENT SHEET

DATE: _____ **PERMIT NUMBER(S):** _____

INSTRUCTIONS: MAKE SURE ALL APPLICABLE CHECKBOXES ARE MARKED BELOW. Permit Analyst will sign and date, acknowledging the documentation received for the above listed permit number(s). Customer will also sign acknowledging the documentation submitted.

Copies of this document must be attached as follows:

- One (1) with each set of plans to be routed to the appropriate department.
- One (1) shall be attached with the application, file or folder.
- One (1) shall be given to the customer.

- | | | |
|---|-----------------------------|-------|
| <input type="checkbox"/> Set of plans submitted:
*collated & stapled, no loose sheets | (9)____ (6)____ (Other)____ | _____ |
| <input type="checkbox"/> Page two (2) | (Application/file) | _____ |
| <input type="checkbox"/> Notice of Commencement | (Application/file) | _____ |
| <input type="checkbox"/> OC Product Approval Cover Sheet | (Application/file) | _____ |
| <input type="checkbox"/> Truss Eng | (3: CPR) | _____ |
| <input type="checkbox"/> Window/Door/Roofing
Prod Approval | (3: CPR) | _____ |
| <input type="checkbox"/> Threshold Insp Plan | (3: CPR) | _____ |
| <input type="checkbox"/> Energy Calculations | (3: CPR) | _____ |
| <input type="checkbox"/> Spec Cool/Freez | (3: CPR) | _____ |
| <input type="checkbox"/> Structural Calculations | (3: CPR) | _____ |
| <input type="checkbox"/> Spec Books | (2: 1 CPR & 1 Fire) | _____ |
| <input type="checkbox"/> Soils Report | (2: 1 CPR & 1 ENG) | _____ |
| <input type="checkbox"/> Hydraulic Calculations - SPR | (3: 1 Fire & 2 PUD) | _____ |
| <input type="checkbox"/> Fire Flow Calculations - Hydrants | (3: 1 Fire & 2 PUD) | _____ |
| <input type="checkbox"/> 61G15-32 for Sprinklers | (4: 1 Fire & 3 CPR) | _____ |
| <input type="checkbox"/> Site Work Cost Estimate | (2: PUD & ENG) | _____ |
| <input type="checkbox"/> Drainage/Stormwater Calculations | (2: ENG) | _____ |

Other: _____

Customer Print Name _____ **Customer Signature** _____

Permit Analyst Signature _____ **Plans Reviewer** _____

Note: If any further information is required, please contact Plans Coordination at (407) 836-5760.