

City of El Segundo

Building Safety Division 350 Main Street (310) 524-2300

MINIMUM PLAN CHECK SUBMITTAL CHECKLIST

| PROJCT NAME: | | | _ | |
|---|--|-----------------|-------|---------|
| PROJCT ADDRESS: Residential: New Addition/Alteration Commercia | Commercial: New/Addition | | | |
| Residential. New Addition/Alteration Commercia | nercial: New/Addition TI | | | |
| Documents | Check if | Filled by Staff | | |
| GENERAL: | Provided | Required | Pro | vided |
| Completed Building Permit Application Form | | - 1/50 | \/F0 | 1 |
| | - | □ YES | □ YES | □ NO |
| ng (1) and (1) Park (1) pont (1) (2) Casicential Units) | - | □ YES | □ YES | □ NO |
| SUPPORTING DOCUMENTS: | | ☐ YES | □ YES | □ NO |
| Structural Calculations | | 1/50 | 1/50 | |
| Soil Report | | □ YES | □ YES | □ NO |
| Title 24 lighting and calculations for Tenant Improvement | | □ YES | □ YES | □ NO |
| PLANS: | | □ YES | □ YES | □ NO |
| Detailed Statement of Scope of Work on Cover Sheet | | - \/ro | 7/50 | + |
| Project Data (Type of Construction, Occupancy Group, sq. ft., applicable codes, etc.) | | □ YES | □ YES | □ NO |
| Plot Plan/Site Plan (including setback dimensions, location of driveways and trees, | | □ YES | □ YES | □ NO |
| etc.) | | □ YES | □ YES | □ NO |
| General and Fire Life Safety Notes | | □ YES | □ YES | □ NO |
| Floor Plans | | □ YES | □ YES | □ NO |
| Cross Sections/details | | □ YES | □ YES | □ NO |
| Elevations | | □ YES | □ YES | □ NO |
| Roof Plan | | □ YES | □ YES | □ NO |
| Disabled Accessibility Details (for Commercial and new multifamily projects) | | □ YES | □ YES | □ NO |
| Energy Calculations | | □ YES | □ YES | □ NO |
| Foundation Plan | <u> </u> | □ YES | □ YES | □ NO |
| Structural Framing Plans | | □ YES | □ YES | □ NO |
| Structural Details and Material Specifications | | □ YES | □ YES | □ NO |
| MEP's: | | | | - 110 |
| Plumbing Plans (for Commercial and multifamily projects) | | □ YES | □ YES | □ NO |
| Mechanical Plans (for Commercial and multifamily projects) | | □ YES | □ YES | □ NO |
| Electrical Plans (for Commercial and multifamily projects) | | □ YES | □ YES | □ NO |
| | | | | 1 = 110 |
| o be filled out by Applicant | | | | |
| understand that an incomplete plan check submittal may result in dela | | | | |
| Applicant Name (Print):Contact | Phone No.:_ | | | |
| ignature:Date: | | | | |