

Customer to Complete the First Page Only

CERTIFICATION OF SUBMITTAL ACCURACY

All information that is being provided to the County through plans, handouts, and support documentation is true and accurate to the best of my knowledge. If after a permit is obtained, it is found that something in the provided documentation was not accurate or true the permit may be revoked.

Applicant Signature:
CERTIFICATION OF PUBLIC SEWER OR ONSITE WASTEWATER TREATMENT
SYSTEM (SEPTIC)
☐ Project served by Public Sewer (DEHQ review is not required)
Sewer District:
☐ Project is served by Onsite Wastewater Treatment System (OWTS) (Septic) (DEHQ review required)
I understand that by signing I am certifying that the site in question is served/will be served by either public sewer or OWTS. If is determined that the site is not currently or cannot be served by public sewer, I will be required to obtain approval from the Department of Environmental Health and Quality prior to issuance of my building permit. If a site is served by an OWTS, completion of this pre-submittal form (Part C) and review by the Department of Environmental Health and Quality is required.
Applicant Name (please print):
Applicant Signature:
WATER DISTRICT Are you connected to a water district if so, please include the district, or is your water source a well? Water District:
ADDITIONAL PROJECT INFORMATION
If questions in this section are not answered, then all answers will be determined No.
SB 6 Yes No AB 2011 Yes No SB 9 Yes No Plan Re-Use Yes No
"The County of San Diego is now REQUIRING contact information for the property owner of this project. The County does not intend to send additional information to the owner unless they have requested to be added as a point of contact. This change in requirement will allow staff to notify the owner of issues or concerns that may delay or halt the review of their project during the process of review. Once a permit is obtained this information will also allow the County to ensure that the owner is aware of any inspections that are requested on their property. We appreciate your participation in this change and the County will not create a new record for a property without accurate contact information for the owner. If you are not the owner and acting as a representative, you are providing the contact information to the best of your knowledge under penalty of perjury." Property Owner Name:
Property Owner Email:



▲ ZONING PRE-REVIEW		
Please check one: COMMERCIAL ☐ or RESIDENTIAL ☐	YES	NO
APN(s):		
Use: SFD/Att Gar ADU Detached Garage Commercial SFD/Det Gar JADU Detached Barn Commercial MH Pool / Spa Gr Mount Solar Residential Gr 100% Affordable Housing Emergency Shelter	Other	
Additional description (if necessary):		
1. Plot plan clear and legible		
Legal lot basis: or If Legal per Map or PM	Ш	
 3. If Legal per Map or PM List full PDS TM/TPM Record ID: 4. Underlying MAP PM List full PDS TM/TPM Record ID: 		
5. Use(s) permitted by Zone?		
6. Discretionary permit applies? Record ID		
7. Setbacks met?		
8. Number of stories: Height/Stories OK?9. Does the subject parcel contain a 'C' designator? (If yes, add notes to comments.)		
10. Any new or modified landscaped area: Under 500 square feet □ 500 square feet to 2,500 square feet □ → Complete checklist Over 2,500 square feet □ → Submit landscaped	oe plan	
11. Centerline Review – For Multi-Family & Commercial Projects Only - What's the Use Regulation for parcel? What was the previous use? If no previously permitted use is found and the customer cannot to the previous use was, we will proceed with the assumption there is a change of use & occupancy.	or this	nat
Use Regulation: Previous Use: Change of Use Ye	es 🗌 N	10 🗆
12. Removing Barriers to Housing – Mark all that apply. N/A ☐ VMT Efficient Area ☐ Infill Area ☐ Inclusionary Housing ☐ Workforce Housing ☐ Density Bo	nus 🗌	
Comments:		
Planner Determination: Not Ready Route OTC Review Grading (PDS173)		
Correction List Provided to Customer: Yes No Approved Provided to Customer: Yes Approved Decoder to Submit and Approved Decoder		
Ready to Submit: (If Yes is checked, the plans may be submitted for plan review.) Reviewed by: Date: Time: Yes	No	
Reviewed by: Date: Time: Yes	No	



B ENGINEER PRE-REVIEW					
Minimum essential items necess Scope of Work on Plans Floor Permit Application Scope Roof Plot Plan Eleva Additional items to enable comp Occupancy Classification & Construct Basis of Structural Design Fire-Rated Construction Details Truss Drawings & Layout Utility Plans Accessibility Plans & Details	Plan	Framing Plan/Details r Framing Plan/Details r Framing Plan/Details r Framing Plan/Details rize review cycles: ress Plan ructural Calculations ldfire-Resistant Construct rergy Efficiency Documentation	ntation imentation		ion
				YES	NO
General Comments:					
1. Proposed project may qualify	as a Priority Developme	ent Project (PDP) ar	nd may require a		
separate submittal. 2. Proposed project encroaches	into existing Structural	Best Management F	Practice (Structural		
BMP) and requires relocation				Ш	Ш
Comments to Technicians:					
1. If the project includes a remode structure have fire sprinklers?		ting structure. Does	the existing		
2. Does this project qualify for the Green Building Incentive Program?					
3. Centerline Review of Project – For Multi-Family with any Use Regulation or Commercial with a Use Regulation of C, M, or S: Is this a change of occupancy on the property or is the proposed work 50% more than an existing structure?					
Additional Comments:					
Engineer Determination: Not Ready Route Rush Approved Approved Approved					
Ready to Submit: (If Yes is checked, the p			Yes	□ No	
Reviewed by:	Date:	Ti	me:		
Reviewed by:	Date:	Ti	me: Yes	□ No	



C LAND DEVELOPMENT PRE-REVIEW			OT JIRED
Land Development <u>cannot</u> review your plans until sections A and B have been completed.			NOT REQUIRED
1. Parcel map improvements TPMPM			
2. Park Fees paid for the first dwelling unit (Note: Applies only if legal lot is a subdivision map) Subdivision Tentative Map TM	_	PAID	NOT PAID
Wastewater Discharge Permit Review Required County Sanitation Service Area: <u>For Residential</u> : # of Bedrooms proposed Using exiting lateral ☐ Yes ☐ No			
4. Flood Review (Note: If DPW review is required, review must be completed, and stamps <u>must</u> be applied to plan prior to issuance.)	plot		
5. Drainage Fees SDA District:			
 Work Performed on County Maintained Road: (Note: If YES, DPW/LD Right of Way permits required including a Traffic Control Permit. PDCI recommendation (Construction Permit) or sign off from Land Develope Counter required prior to issuance) Construction Encroachment Excavation 		Yes	No
7. Transportation Impact Fees (TIF) (http://gis.co.san-diego.ca.us/tifcalculator/Default.aspx)			
 DPW Construction & Demolition Recycling Permit Required (Note: May be required if proposed varea is equal to or greater than 1,000 ft², some exemptions apply) 	vork		
9. Centerline Review – For Commercial & Multi-Family Projects Only - If the Centerline Review Change of Use Item #11 on the Zoning page is Yes, or the Centerline Review Item #7 on the Engineer page is Yes then determine if Centerline Review is required. If required add the Preliminary Centerline Stamps to the plans.			
NOTE: Priority Development Project Storm Water Quality Management Plan (PDP SWQMP) by I Development if applicable (Note: Requirement determined by PDS Building) Applicable to all Priority Development Projects and any project requiring modified Structur determined in section B. Review to occur after building plan submittal.			
Comments:			
Ready to Submit: (If Yes is checked, the plans may be submitted for plan review.) Yes Reviewed by: Date:	s 🗌	No	



■ EPM (ELECTRIC/PLUMBING/MECHANICAL) PRE-REVIEW				
Projects that Required EPM Review:				
Commercial Project)S			
Renewable Energy	 3			
Generator				
Missing minimum essential items for submittal (see checked boxes below)				
2. Proposed project requires significant re-design before submittal (see comments below)				
Minimum essential items missing and necessary to proceed:				
☐ Electrical Plan ☐ Plumbing Plan ☐ Mechanical Plan				
☐ Electrical Floor Plan ☐ Waste Isometric Plan ☐ Mechanical Ceiling	Plan			
☐ Electrical Single Line Diagram ☐ Water Isometric Plan ☐ Mechanical Layout	Plan			
☐ Electrical Panel Schedule ☐ Gas Isometric Plan ☐ Mechanical HVAC	Plan			
☐ Site Lighting Plan				
General Comments:				
Comments to Technicians:				
EPM Review Not Required Determined by:				
EPM Determination: Not Ready ☐ Route ☐ OTC Review (see below) ☐				
Correction List Provided to Customer: Yes No Approved				
Ready to Submit: (If Yes is checked, the plans may be submitted for plan review.)	¬			
Reviewed by: Time: Yes [No			
Reviewed by: Time: Yes [] No			



Internal Only - County Staff to Complete Pages 2 - 6

■ DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY PRE-REVIEW		
APN:	☐ OWTS ☐ Unsigned Sewer Certification	
Project Type: ☐ Addition to Existing Structure ☐ Detached Structure — Uninhabited ☐ Guesthouse – No Kitchen ☐ Other: ☐ Interior Remodel – Adding Bedrooms ☐ Interior Remodel – No Bedroom Incre ☐ New construction on vacant land	·	
Related Record:	Record Status:	
 The proposed construction matches an approved OWTS layout file with DEHQ. 	design and/or record of a permitted OWTS installation on	
2. The proposed project requires an OWTS layout design approval and	an OWTS installation permit.	
3. Inadequate information: An accurate As-built (onsite measured draw existing OWTS, adequate reserve area, and specific setback distance that are prepared, signed, and dated by a Licensed Contractor (Comproval and may result in a DEHQ site inspection with fee and/or result.)	es applicable to the project. DEHQ only accepts As-builts -42 or A). As-built submittal does not guarantee project	
4. Proof of an approved potable water supply is required.		
5. It is apparent that the project site may not have suitable land area of OWTS or the site is impacted by other conditions that may prevent require extensive engineering.	adequate size to meet current minimum standards for an EDEHQ approval. An OWTS layout design submittal will	
6. Proposed project requires additional review and possible approvement ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Site Assessment & Mitigation ☐ Food and Housing Plan Check (858) 505-6659 ☐ Food Assessment (858) 605-6659 ☐ Food Assessment (858) 605-6659	√al(s) from: ☐ Hazardous Materials Division ☐ Vector Control (858) 505-6880 (858) 694-2888 hmdutyeh@sdcounty.ca.gov vector@sdcounty.ca.gov	
	(Minimum Review Fee) (Current Queue Time*) *Queue time starts based off complete project submission and payment received.	
Historical Parcel Notes/Limitations: (seasonal high groundwater, small lot size, s	Date Initials Not Approved	
Reviewer Name (Print):		
Reviewer Signature:	Additional ReviewApproved	
Applicant Section (sign to acknowledge):		
PDS allows customers to submit projects "at-risk" without DEHQ approval obtain DEHQ approval of your project <u>prior</u> to applying for a building pat-risk" without obtaining DEHQ approval first. By signing below, you acknow and associated costs with meeting the terms of DEHQ approval. The requirements to obtain DEHQ approval, in which case your building pernethroughout the review process.	permit; however, you are choosing to apply for your building permit mowledge there could be a significant amount of time prior to approval re is also a possibility that your project cannot meet the minimum mit will not be issued. Please continue to bring this form with you	
Applicant Name (Print):		
Applicant Signature:	Date:/	

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