



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 may be 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 it 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: _____ Well

ADDITIONAL PROJECT INFORMATION

If questions in this section are not answered, then all answers will be determined No.

VMT (Vehicle Miles Traveled) Efficient Zone Yes No

100% Affordable Housing Project Approved by HCD (Housing & Community Development) Yes No

Emergency Homeless Shelter Yes No

Workforce Housing as Approved by Project Planning Yes No

SB 6 Yes No AB 2011 Yes No SB 9 Yes No

Plan Re-Use Yes No



PROPERTY OWNER INFORMATION

“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 Phone #: _____

Property Owner Email: _____

Please check one: COMMERCIAL <input type="checkbox"/> or RESIDENTIAL <input type="checkbox"/>				YES	NO	
APN(s): _____						
A ZONING PRE-REVIEW						
Use: SFD/Att Gar <input type="checkbox"/>	ADU <input type="checkbox"/>	Detached Gar/Barn <input type="checkbox"/>	Commercial TI <input type="checkbox"/>			
SFD/Det Gar <input type="checkbox"/>	JADU <input type="checkbox"/>	Gr Mount Solar <input type="checkbox"/>	Commercial Other <input type="checkbox"/>			
MH <input type="checkbox"/>	Pool / Spa <input type="checkbox"/>	Affordable Housing <input type="checkbox"/>	Residential Other <input type="checkbox"/>			
Additional description (if necessary):						
1. Plot plan clear and legible				<input type="checkbox"/>	<input type="checkbox"/>	
2. Legal lot basis: or				<input type="checkbox"/>	<input type="checkbox"/>	
3. If Legal per Map or PM		List full PDS TM/TPM Record ID:				
4. Underlying MAP <input type="checkbox"/> PM <input type="checkbox"/>		List full PDS TM/TPM Record ID:				
5. Use(s) permitted by Zone?				<input type="checkbox"/>	<input type="checkbox"/>	
6. Discretionary permit applies? Record ID _____				<input type="checkbox"/>	<input type="checkbox"/>	
7. Setbacks met?				<input type="checkbox"/>	<input type="checkbox"/>	
8. Number of stories:		Height/stories OK?		<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the subject parcel contain a 'C' designator? <i>(If yes, add notes to comments.)</i>				<input type="checkbox"/>	<input type="checkbox"/>	
10. Any new or modified landscaped area:		Under 500 square feet <input type="checkbox"/> 500 square feet to 2,500 square feet <input type="checkbox"/> → Complete checklist Over 2,500 square feet <input type="checkbox"/> → Submit landscape plan				
11. Centerline Review – For Commercial & Multi-Family Projects Only - What's the Use Regulation for this parcel? What was the previous use? <i>If no previously permitted use is found and the customer cannot tell us what the previous use was, we will proceed with the assumption there is a change of use & occupancy.</i>						
Use Regulation: _____ Previous Use: _____						
Change of Use Yes <input type="checkbox"/> No <input type="checkbox"/>						
12. Plot plan corrections?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Separate over-the-counter correction list provided to customer				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14. Planner Review: Not Ready <input type="checkbox"/> Route <input type="checkbox"/> OTC Review <input type="checkbox"/>				No Further Review <input type="checkbox"/>		
Comments:						
Ready to Submit: <i>(If Yes is checked, the plans may be submitted for plan review.)</i>						
Reviewed by: _____				Date: ____/____/____	Time: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>



B ENGINEER PRE-REVIEW	YES	NO
1. Missing minimum essential items for submittal (see checked boxes below)	<input type="checkbox"/>	<input type="checkbox"/>
2. Proposed project requires significant re-design before submittal (see comments below)	<input type="checkbox"/>	<input type="checkbox"/>
3. Proposed project may qualify as Priority Development Project (PDP) and may require submittal of PDP Storm Water Quality Management Plan (PDP SWQMP) through PDS Land Development counter	<input type="checkbox"/>	<input type="checkbox"/>
4. Proposed project encroaches into existing Structural Best Management Practice (Structural BMP) and requires relocation and/or Structural BMP modification	<input type="checkbox"/>	<input type="checkbox"/>
5. If the project includes a remodel or addition to an existing structure. Does the existing structure have fire sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does this project qualify for the Green Building Incentive Program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Centerline Review – For Commercial & Multi-Family Projects with a Use Regulation of C*, M*, or S* per Item #11 on the Zoning page: Is there a change of occupancy or is the proposed work 50% more than the existing structure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Separate over-the-counter (OTC) correction list provided: (All OTC reviews need to see a technician to obtain a record ID prior to next review)	99a <input type="checkbox"/>	492 <input type="checkbox"/>
	498 <input type="checkbox"/>	NO <input type="checkbox"/>
Engineer Review: Not Ready <input type="checkbox"/> Route <input type="checkbox"/> Rush <input type="checkbox"/> OTC Review <input type="checkbox"/> Grading <input type="checkbox"/> No Further Review <input type="checkbox"/>		

***** THIS FORM IS A PRELIMINARY SUBMITTAL CHECKLIST ONLY *****

***** IF FORMAL REVIEW FORM FROM ITEM 8 IS NOT PROVIDED AT THE COUNTER, ADDITIONAL CORRECTION ITEMS MAY BE REQUIRED AFTER FORMAL PLAN REVIEW *****

Minimum essential items missing and necessary to proceed:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Scope of work | <input type="checkbox"/> Roof plan | <input type="checkbox"/> Elevations and sections | <input type="checkbox"/> Stormwater Intake Form |
| <input type="checkbox"/> Plot plan | <input type="checkbox"/> Roof framing plan | <input type="checkbox"/> Floor framing details | <input type="checkbox"/> Foundation plan |
| <input type="checkbox"/> Floor plan | <input type="checkbox"/> Roof Framing Details | <input type="checkbox"/> Floor framing plan | <input type="checkbox"/> Foundation Details |

Applicant to verify these items are in the plans if applicable at submittal appointment to enable complete review and minimize review cycles:

- | | |
|---|---|
| <input type="checkbox"/> Occupancy classification and construction type | <input type="checkbox"/> Egress plan |
| <input type="checkbox"/> Basis of structural design | <input type="checkbox"/> Structural calculations |
| <input type="checkbox"/> Fire-rated construction details | <input type="checkbox"/> Wildfire-resistant construction |
| <input type="checkbox"/> Truss drawings and layout | <input type="checkbox"/> Energy efficiency documentation |
| <input type="checkbox"/> Utility plans | <input type="checkbox"/> Existing vs. As-Built construction clearly shown |
| <input type="checkbox"/> Accessibility plans and details | <input type="checkbox"/> Standard Storm Water Quality Management Plan |

General Comments:

Comments to technician:

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



DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY PRE-REVIEW

APN: _____

OWTS Unsigned Sewer Certification

Project Type:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Addition to Existing Structure | <input type="checkbox"/> Interior Remodel – Adding Bedrooms | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> MHP Construction | <input type="checkbox"/> Cell Site Modification |
| <input type="checkbox"/> Detached Structure – Uninhabited | <input type="checkbox"/> Interior Remodel – No Bedroom Increase | <input type="checkbox"/> Solar | <input type="checkbox"/> Generator | <input type="checkbox"/> Fire Rebuild |
| <input type="checkbox"/> Guesthouse – No Kitchen | <input type="checkbox"/> New construction on vacant land | <input type="checkbox"/> 2 nd Dwelling | <input type="checkbox"/> Grading Permit | <input type="checkbox"/> BLA/COC |
| <input type="checkbox"/> Other: _____ | | | | |

Related Record:

Record Status:

1. The proposed construction matches an approved OWTS layout design and/or record of a permitted OWTS installation on file with DEHQ.

2. The proposed project requires an OWTS layout design approval and an OWTS installation permit.

3. Inadequate information: An accurate As-built (onside measured drawing) must be submitted and show the site development, existing OWTS, adequate reserve area, and specific setback distances applicable to the project. DEHQ only accepts As-builts that are prepared, signed, and dated by a Licensed Contractor (C-42 or A). As-built submittal does not guarantee project approval and may result in a DEHQ site inspection with fee and/or requirement to submit additional information.

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 adequate size to meet current minimum standards for an OWTS or the site is impacted by other conditions that may prevent DEHQ approval. An OWTS layout design submittal will require extensive engineering.

6. Proposed project requires additional review and possible approval(s) from:

<input type="checkbox"/> Site Assessment & Mitigation (858) 505-6808 sam.deh@sdcounty.ca.gov	<input type="checkbox"/> Food and Housing Plan Check (858) 505-6659 plnchk@sdcounty.ca.gov	<input type="checkbox"/> Hazardous Materials Division (858) 505-6880 hmdutyeh@sdcounty.ca.gov	<input type="checkbox"/> Vector Control (858) 694-2888 vector@sdcounty.ca.gov
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DEHQ Reviewer Comments:

(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, steep slopes, etc.)

Reviewer Name (Print): _____
 Reviewer Signature: _____

Date	Initials
Not Approved _____	_____
2 nd Review _____	_____
Additional Review _____	_____
Approved _____	_____

Applicant Section (sign to acknowledge):

PDS allows customers to submit projects “at-risk” without DEHQ approval. You are signing below to acknowledge DEHQ has advised you to obtain DEHQ approval of your project **prior** to applying for a building permit; however, you are choosing to apply for your building permit “at-risk” without obtaining DEHQ approval first. By signing below, you acknowledge there could be a significant amount of time prior to approval and associated costs with meeting the terms of DEHQ approval. There is also a possibility that your project cannot meet the minimum requirements to obtain DEHQ approval, in which case your building permit will not be issued. **Please continue to bring this form with you throughout the review process.**

Applicant Name (Print): _____

Applicant Signature: _____ Date: ____/____/____



D LAND DEVELOPMENT PRE-REVIEW		REQUIRED	NOT REQUIRED
Land Development <u>cannot</u> review your plans until sections A and B have been completed.			
1. Parcel map improvements TPM _____ PM _____		<input type="checkbox"/>	<input type="checkbox"/>
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
		<input type="checkbox"/>	<input type="checkbox"/>
3. Wastewater Discharge Permit Review Required County Sanitation Service Area: _____ For Residential: # of Bedrooms proposed _____ Using exiting lateral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
4. Flood Review (Note: If DPW review is required, review must be completed, and stamps must be applied to plot plan prior to issuance.)		<input type="checkbox"/>	<input type="checkbox"/>
5. Drainage Fees SDA District: _____		<input type="checkbox"/>	<input type="checkbox"/>
6. 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 Development Counter required prior to issuance) <input type="checkbox"/> Construction <input type="checkbox"/> Encroachment <input type="checkbox"/> Excavation		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
7. Transportation Impact Fees (TIF) (http://gis.co.san-diego.ca.us/tifcalculator/Default.aspx)		<input type="checkbox"/>	<input type="checkbox"/>
8. DPW Construction & Demolition Recycling Permit Required (Note: May be required if proposed work area is equal to or greater than 1,000 ft ² , some exemptions apply)		<input type="checkbox"/>	<input type="checkbox"/>
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.		<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Priority Development Project Storm Water Quality Management Plan (PDP SWQMP) by PDS Land Development if applicable (Note: Requirement determined by PDS Building) Applicable to all Priority Development Projects and any project requiring modified Structural BMP as 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.)			
Reviewed by: _____		Date: ____ / ____ / ____	Yes <input type="checkbox"/> No <input type="checkbox"/>



E EPM (ELECTRIC/PLUMBING/MECHANICAL)	YES	NO
Projects that Required EPM Review:		
Commercial Project <input type="checkbox"/>	Structure w/ >= 600 Amp Service <input type="checkbox"/>	Panel Upgrade > 400 Amps <input type="checkbox"/>
Renewable Energy <input type="checkbox"/>	SFD Over 10K SQFT <input type="checkbox"/>	Ag Well Meter > 400 Amps <input type="checkbox"/>
Generator <input type="checkbox"/>	Off Grid SFD/Off Grid Solar <input type="checkbox"/>	Ground/Roof Mount Solar <input type="checkbox"/>
EPM Review Not Required <input type="checkbox"/> Determined by:		
1. Missing minimum essential items for submittal (see checked boxes below)		<input type="checkbox"/> <input type="checkbox"/>
2. Proposed project requires significant re-design before submittal (see comments below)		<input type="checkbox"/> <input type="checkbox"/>
3. Separate over-the-counter (OTC) correction list provided: (All OTC reviews need to see a technician to obtain a record ID prior to next review)		99a <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
EPM Review: Not Ready <input type="checkbox"/> Route <input type="checkbox"/> OTC Review <input type="checkbox"/> No Further Review <input type="checkbox"/>		
*** THIS FORM IS A PRELIMINARY SUBMITTAL CHECKLIST ONLY ***		
*** IF FORMAL REVIEW FORM FROM ITEM 3 IS NOT PROVIDED AT THE COUNTER, ADDITIONAL CORRECTION ITEMS MAY BE REQUIRED AFTER FORMAL PLAN REVIEW ***		
Minimum essential items missing and necessary to proceed:		
<input type="checkbox"/> Electrical Plan	<input type="checkbox"/> Plumbing Plan	<input type="checkbox"/> Mechanical Plan
<input type="checkbox"/> Electrical Floor Plan	<input type="checkbox"/> Waste Isometric Plan	<input type="checkbox"/> Mechanical Ceiling Plan
<input type="checkbox"/> Electrical Single Line Diagram	<input type="checkbox"/> Water Isometric Plan	<input type="checkbox"/> Mechanical Layout Plan
<input type="checkbox"/> Electrical Panel Schedule	<input type="checkbox"/> Gas Isometric Plan	<input type="checkbox"/> Mechanical HVAC Plan
<input type="checkbox"/> Site Lighting Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
General Comments:		
Comments to technician:		
Ready to Submit: <i>(If Yes is checked, the plans may be submitted for plan review.)</i>		
Reviewed by: _____	Date: ____ / ____ / ____	Time: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Reviewed by: _____	Date: ____ / ____ / ____	Time: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>