



County of San Diego, Planning & Development Services
PRE-REVIEW PROJECT FEASIBILITY WORKSHEET

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 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.

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: _____



County of San Diego, Planning & Development Services Zoning Division
PRE-REVIEW PROJECT FEASIBILITY WORKSHEET

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B ENGINEER PRE-REVIEW

Minimum essential items necessary to proceed:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Scope of Work on Plans | <input type="checkbox"/> Floor Plan | <input type="checkbox"/> Roof Framing Plan/Details | <input type="checkbox"/> Stormwater Intake Form |
| <input type="checkbox"/> Permit Application Scope | <input type="checkbox"/> Roof Plan | <input type="checkbox"/> Floor Framing Plan/Details | <input type="checkbox"/> Existing vs. As-Built Construction Clearly Shown |
| <input type="checkbox"/> Plot Plan | <input type="checkbox"/> Elevations & Sections | <input type="checkbox"/> Foundation Plan/Details | |

Additional items to enable complete review and minimize review cycles:

- | | |
|---|--|
| <input type="checkbox"/> Occupancy Classification & 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 & Layout | <input type="checkbox"/> Energy Efficiency Documentation |
| <input type="checkbox"/> Utility Plans | <input type="checkbox"/> As-Built Construction Documentation |
| <input type="checkbox"/> Accessibility Plans & Details | <input type="checkbox"/> Stormwater Documentation |

	YES	NO
General Comments:		
1. Proposed project may qualify as a Priority Development Project (PDP) and may require a separate submittal.	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
Comments to Technicians:		
1. 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"/>
2. Does this project qualify for the Green Building Incentive Program?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Engineer Determination: Not Ready ☐ Route ☐ Rush ☐ OTC Review (see below) ☐ See Worksheet ☐
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: _____	Date: _____	Time: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reviewed by: _____	Date: _____	Time: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>



County of San Diego, Planning & Development Services Zoning Division
PRE-REVIEW PROJECT FEASIBILITY WORKSHEET

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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. | <input type="checkbox"/> | | | | |
| 2. The proposed project requires an OWTS layout design approval and an OWTS installation permit. | <input type="checkbox"/> | | | | |
| 3. Inadequate information: An accurate As-built (onsite 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. | <input type="checkbox"/> | | | | |
| 4. Proof of an approved potable water supply is required. | <input type="checkbox"/> | | | | |
| 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. | <input type="checkbox"/> | | | | |
| 6. Proposed project requires additional review and possible approval(s) from:
<table border="0"><tr><td><input type="checkbox"/> Site Assessment & Mitigation
(858) 505-6808
sam.deh@sdcounty.ca.gov</td><td><input type="checkbox"/> Food and Housing Plan Check
(858) 505-6659
plnchk@sdcounty.ca.gov</td><td><input type="checkbox"/> Hazardous Materials Division
(858) 505-6880
hmdutyeh@sdcounty.ca.gov</td><td><input type="checkbox"/> Vector Control
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vector@sdcounty.ca.gov | | |

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: ____ / ____ / ____