



4. a) Have you prepared working drawings/plans for this project?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
b) Have you submitted your project for any Planning Entitlement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Name of Planner:
c) Have you submitted your project for Plan Check?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Project #:
d) Has your project been cited by Code Enforcement or Fire Prevention?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If Yes, please describe in Section 5.)	

5. Do you have specific questions for any of the following disciplines?  
 Please check all that applies and we will attempt to include the appropriate City staff based on the boxes checked below. Meetings may be held separately.

<input type="checkbox"/> Zoning Code	<input type="checkbox"/> Building Code	<input type="checkbox"/> Electrical Code	<input type="checkbox"/> Mechanical Code
<input type="checkbox"/> Plumbing Code	<input type="checkbox"/> Fire Code	<input type="checkbox"/> Food Facility or Pool	<input type="checkbox"/> Utilities (water, gas, sewer)
<input type="checkbox"/> Public Right-of-Way	<input type="checkbox"/> Other		

Please provide a detailed list of questions or assistance needed. Attach separate sheet if additional space is needed.

e.g.,

- *Building Code Questions: (i.e., occupancy classification, allowable floor area, ADA requirement, exiting layout, allowable height, type of construction, allowable No. of stories, fire sprinkler, fire alarm, smoke evacuation, etc.).*
- *Zoning Code Questions: (i.e., allowable use, conditional use permit, allowable height, floor area ratio, open space, yard setbacks, density, open space, parking requirement and layout, subdivision, etc.*

DEPARTMENT USE ONLY			
<b>Site Specific Hazard:</b>			<b>Pre-Development Meeting:</b>
<input type="checkbox"/> AP Fault Zone	<input type="checkbox"/> High Wind Area	<input type="checkbox"/> Liquefaction	<b>Date:</b>
<input type="checkbox"/> Oil Operating Area	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Other	<b>Participants:</b>
			_____
			_____