

**CITY OF VACAVILLE BUILDING DIVISION
SUBMITTAL CHECKLIST**

Name of Project _____ Project #: _____

Address/Location _____

Contact Person _____ Phone Number _____ Fax Number _____

***CONTACT the City Planner at (707) 449-5140 and obtain approval prior to
completing the items on this submittal checklist.***

Submittal Requirement	NON-RESIDENTIAL – Tenant Improvements / Remodels / Alterations	# Plans Received	Date Received	Received By
2 Sets for minor work OR 5 Sets for extensive review 6 Sets for tenants in a new building	<p>BUILDING PLANS - { } Floor plan (include all contiguous occupancies) { } Square footage of the tenant space { } Plumbing (include isometric if more than one restroom or restaurant use) { } Electrical including single line diagram, panel, subpanels and home runs { } Mechanical { } Interior elevations (show wall/ceiling assembly) { } Exterior alterations { } Roof screening { } Demising walls in adjacent suites { } Show detail of display cases over 60" in height { } Dental Offices provide cut sheets for aspirator equipment</p> <p>_____ Describe use of tenant space as well as adjoining tenant spaces -----</p> <p>- Also include { } Seating arrangement { } Hood & other mechanical equipment details (location and manufacturer's informational booklets) { } Grease traps/interceptors</p>			
1 Copy	APPROVAL LETTER from SOLANO COUNTY HEALTH DEPT (I.E. Restaurants) – Contact Solano County Resource Mgmt. at 784-6765 for requirements. (Typically require 2 or more sets)			
2 Sets	STRUCTURAL CALCS – Stamped and signed by licensed architect or engineer. (Not required if previously submitted with shell permit)			
2 Sets	ENERGY CALCS – Stamped and signed by licensed engineer. Include HVAC calcs (Not required if previously submitted with shell permit)			
2 Copies	MSDS SHEETS & QUANTITIES of chemicals used or stored on the premises (if applicable)			
2 Copies	MANUFACTURERS INFORMATION BOOKLETS for hoods and other kitchen equipment (if applicable)			
1 copy	ACCESSIBILITY COMPLIANCE FORM			
1 Original	CONTINGENT REIMBURSEMENT FORM (if applicable)			
1 Original	AIR QUALITY MANAGEMENT DISTRICT SURVEY FORM			
1 Original	PLANNING APPROVAL LETTER OR SIGNATURE TO SUBMIT			
1 Form	OWNER/BUILDER VERIFICATION FORM OR CONTRACTORS INFORMATION			
1 Original Per Bldg.	PERMIT APPLICATION (include contract amounts)			