

**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 (5 sheets or less) OR 5 Sets for extensive review 6 Sets for tenants in a new building | 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 { } Fire alarm pull station Access details/Strobe mounting details _ Describe use of tenant space as well as adjoining tenant spaces Also include { } Seating arrangement { } Hood & other mechanical equipment details (location and manufacturer's informational booklets) { } Grease traps/interceptors | | | |
| 2 Sets | Fire Alarm strobe locations; Pull station location meeting Accessibility requirements-Any building with a Fire Alarm system | | | |
| 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. (If applicable) | | | |
| 2 Sets | ENERGY CALCS – Stamped and signed by licensed engineer. LTG calcs and Forms (remember OLTG4-C for sign must be included) MECH calcs and forms. | | | |
| 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 Original | CONTINGENT REIMBURSEMENT FORM (if applicable) | | | |
| 1 Original | AIR QUALITY MANAGEMENT DISTRICT SURVEY FORM | | | |
| 1 Original | PLANNING APPROVAL LETTER (if applicable) | | | |
| 1 Form | OWNER/BUILDER VERIFICATION FORM OR CONTRACTORS INFORMATION | | | |
| 1 Original Per Bldg. | BUILDING PERMIT APPLICATION (include contract amounts) | | | |