



TOWN OF ROSS

Building Department

P.O. Box 320

Ross, CA 94957

Telephone (415) 453-1453 Fax (415) 460-9761

PLAN CHECK SUBMITTAL APPLICATION

(Please Print Clearly)

Application Date: _____

Job Address:	APN:
Applicant:	Contractor:
Address:	Address:
City: State Zip	City:
Telephone:	Telephone:
Fax or Email:	State License No.
Property Owner:	Architect:
Address (PO Box in Ross):	Address:
City: State Zip	City:
Telephone:	Telephone:
Email:	Fax or Email:

USE AND DESCRIPTION OF PROPOSED WORK

Description of Work:

Valuation/Cost Estimate:

** Office use only below this line **

Comments:

Plan Check Fee	\$	P/C Receipt #
20% P/C overhead	\$	
Subtotal	\$	
Technology surcharge fee	\$	
TOTAL PLAN CHECK FEE	\$	
Ross Valley Fire	\$	
Plan Check Fee	\$	