



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