



E-SUBMITTAL CHECKLIST AND QUESTIONNAIRE

Please save and upload **PDFs** of all required DOCUMENTS and PLANS from the checklist below. All pre-application attachments uploaded to the Online Plan Submission Portal must comply with the E-Plan Submittal Requirements.

- STEP 1:** Select project group: **BUILDING AND GRADING**
- STEP 2:** Select project type: **TENANT IMPROVEMENT AND OTHER COMMERCIAL PROJECTS**
- STEP 3:** Complete the required documents and questionnaire (if applicable) below.
- STEP 4:** Log in to the [Online Plan Submission Portal](#) and enter your project information to begin the pre-application process.
- STEP 5:** Upload your completed PDF documents.

ADDITIONAL INFORMATION

- All submissions must comply with the City of Irvine [E-Plan Submittal Requirements](#).
- All commercial projects and most residential projects, with the exception to residential remodels/additions that do not add conditioned space, are required to submit an online [Construction and Demolition Waste Management Plan](#). This must be completed and approved before a permit can be issued.
- Once your pre-application has been processed, you will receive a request for payment of your plan review fees. Please note, your submittal will not be distributed to applicable City departments, nor will your plan review period begin, until payment has been received.
- If you are only looking to receive Advanced Plan Check Fees and do not have plan sheets to upload for review yet, upload this completed E-Submittal Checklist and Questionnaire in PDF as a plan document to the Online Plan Submission Portal. Staff will send you the plan check fees, assuming the plans will be submitted at a later date.

DOCUMENTS

- [Electronic/Digital Signature Disclosure](#)
- [Building Permit Application](#)
- [Building Data Sheet](#) (If applicable)
- [Commercial Take-Off Sheet](#) (If applicable)
- [Recycling and Diversion of Construction and Demolition Waste Assessment 2.0](#)
- [OCFA Plan Submittal Criteria](#) (NOTE: Upon review, City staff will email an OCFA SR Form if required)
- [Developer Deposit Case Set Up](#) (If applicable)
- [Tenant Improvement Title Sheet](#) (Plans must be formatted utilizing the standard title sheet)

QUESTIONNAIRE

- Does this submittal include any parking lot modifications? YES NO (If YES, complete 1a and 1b)
 - How many parking spaces are affected? _____
 - Will there be any asphalt removal? YES NO If YES, how many sq. ft.? _____
- Does this scope of work include any roof-top mechanical? YES NO (If YES, complete 2a and 2b)
 - Will there be any new pads/curbs installed for the roof-top equipment? YES NO
 - Will the existing pads/curbs be modified or enhanced? YES NO



COMMUNITY DEVELOPMENT
Building and Safety

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY	
PLAN CHECK #:	_____
SUBMITTAL DATE:	_____
TARGET DATE:	_____
EXP DATE:	_____

PROJECT ADDRESS		SUITE	GRID NUMBER
TRACT		LOT	UNITS
RESIDENTIAL TRACTS: PRODUCT NAME		PHASE	VILLAGE
PERMIT TYPES APPLIED FOR			
<input type="checkbox"/> RESIDENTIAL BUILDING <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> NON-STRUCTURAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL			

APPLICANT INFORMATION			PROJECT INFORMATION		
APPLICANT/COMPANY NAME			DESCRIPTION OF WORK		
ADDRESS	CITY	ZIP			
CONTACT	PHONE				
EMAIL			RELATED GRADING CASE/OTHER RELATED CASES		
OWNER OF THE PROPERTY			DOES THE SCOPE INCLUDE AN ACCESSORY DWELLING UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS			DOES THE PROPOSED USE INCLUDE MEDICAL OR CHIROPRACTIC OFFICES; OR RETAIL OR WAREHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS	CITY	ZIP	OCCUPANCY GROUP(S)	CONSTRUCTION TYPE	
CONTACT			OCCUPANCY CURRENT	PROPOSED	
PHONE	EXT	FAX	CURRENT USE	PROPOSED USE	
TENANT NAME	VALUATION	NO. OF STORIES	SPRINKLERS	A/C	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR OFFICE USE ONLY: PLAN CHECK FEE SUMMARY

BUILDING: _____ ELECTRICAL: _____
 ENERGY: _____ MECHANICAL: _____
 ZONING: _____ PLUMBING: _____
 WMPB: _____ AUTOMATION: _____

TOTAL PLAN CHECK FEES: \$ _____

RECEIPT #: _____ **CUSTOMER #:** _____
 IFAS#: _____ EST INITIALS: _____
 TMPL#: _____ SUB INITIALS: _____
 TMPL#: _____ TMPL#: _____
 TMPL#: _____ WMPB#: _____

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

EXISTING BUILDINGS

CHECK ALL THAT APPLY TO YOUR SCOPE OF WORK

INT. ALT. _____ sq.ft. DEMOLITION _____ sq.ft.
 EXT. ALT. _____ sq.ft. REPAIR _____ sq.ft.
 ADDITION _____ sq.ft. PARKING LOT _____ sq.ft.
 NO. OF SPACES _____

NEW BUILDINGS ONLY

COMMERCIAL: Complete data sheet for multiple buildings.

TOTAL NUMBER OF BUILDINGS: _____
 TOTAL SQ. FT. OF ALL BUILDINGS: _____

RESIDENTIAL: Complete data sheet for multiple floor plans.

CHECK ONE: MODELS PRODUCTION
 CHECK ONE: SFD DET CONDO
 CHECK ONE: ATT CONDO APT

TOTAL NUMBER OF DWELLING UNITS: _____
 TOTAL SQ. FT. OF DWELLING UNITS: _____

APPLICANT SIGNATURE	PRINT APPLICANT NAME	DATE
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BUILDING DATA SHEET

BUILDING FLOOR PLAN NUMBER	ADDRESS(ES)	TEMPLATE NUMBER	
LOT NUMBER(S)	UNIT NUMBER(S)	NO. OF BLDGS OF THIS FLOOR PLAN	NO. OF DWELLING UNITS PER BLDG
BUILDING USES		BUILDING AREAS (sq. ft.)	
NUMBER OF STORIES	SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BUILDING AREA (sq. ft.)	
OCCUPANCY GROUP(S)	CONSTRUCTION TYPE	NOTES/COMMENTS	
PV PANELS <input type="checkbox"/> YES <input type="checkbox"/> NO	PV SYSTEM WATTAGE kw (DC)	PV TEMPLATE NUMBER	

BUILDING FLOOR PLAN NUMBER	ADDRESS(ES)	TEMPLATE NUMBER	
LOT NUMBER(S)	UNIT NUMBER(S)	NO. OF BLDGS OF THIS FLOOR PLAN	NO. OF DWELLING UNITS PER BLDG
BUILDING USES		BUILDING AREAS (sq. ft.)	
NUMBER OF STORIES	SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BUILDING AREA (sq. ft.)	
OCCUPANCY GROUP(S)	CONSTRUCTION TYPE	NOTES/COMMENTS	
PV PANELS <input type="checkbox"/> YES <input type="checkbox"/> NO	PV SYSTEM WATTAGE kw (DC)	PV TEMPLATE NUMBER	

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LOT NUMBER(S)	UNIT NUMBER(S)	NO. OF BLDGS OF THIS FLOOR PLAN	NO. OF DWELLING UNITS PER BLDG
BUILDING USES		BUILDING AREAS (sq. ft.)	
NUMBER OF STORIES	SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL BUILDING AREA (sq. ft.)	
OCCUPANCY GROUP(S)	CONSTRUCTION TYPE	NOTES/COMMENTS	
PV PANELS <input type="checkbox"/> YES <input type="checkbox"/> NO	PV SYSTEM WATTAGE kw (DC)	PV TEMPLATE NUMBER	



COMMERCIAL TAKE-OFF SHEET

FOR OFFICE USE ONLY	
SUBMITTAL DATE:	_____
DATE: CHECK#:	_____
TEMPLATE#:	_____

PROJECT ADDRESS	SUITE NUMBER

ELECTRICAL ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY	CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
E4	Lighting Fixtures		E7	Outlets and Switches	
E4	New Branch Circuit		E7.1	Multi-Outlet Assembly	
E4.2	Pole Mounted Fixture With Footing		E8	New Illuminated Signs	
E5.7	Motor, Transformer, Heating/Cooling Appliances and Miscellaneous Equipment (KW, HP or KVA):		E9.3	Temporary Power Poles	
	0-1		E9.4	Distribution Poles	
E5.7	2-10		E8.2	Time Clock	
E5.7	11-50		E15	Busway/Cable Tray (Amp/Feet)	
E5.7	51-100		E20	Switchboard/Panelboard: 0-400 Amps	
E5.7	101-500		E20	401-1200 Amps	
E5.7	Over 500		E20	Over 1200 Amps	
E6.5	Service/Meter: 0-400 Amps		E19	Switchboard Over 600 Volts	
E6.5	401-1200 Amps		E33	Solar System (KW)	
E6.5	Over 1200 Amps				
E6.5	Substation Over 600 Volts				

LOW VOLTAGE:

This submittal is solely for the installation, alteration, or repair of low voltage electrical circuits (operating at less than 50 volts) **AND DOES NOT** penetrate a fire-resistance rated assembly or serve equipment restricting free passage through egress doors (does not require plan review).



COMMERCIAL TAKE-OFF SHEET

FOR OFFICE USE ONLY	
SUBMITTAL DATE:	_____
DATE: CHECK#:	_____
TEMPLATE#:	_____

PROJECT ADDRESS	SUITE NUMBER

MECHANICAL ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY	CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
M2a	Furnaces: Up to 100,000 BTU/h		M8	Each Register/Outlet/Grill	
M2a	Over 100,000-500,000 BTU/h		M8	Repair/Alter Ducts	
M2a	Over 500,000-1,000,000 BTU/h		M10	Install/Relocate Cooling Coil	
M2a	Over 1,000,000-2,000,000 BTU/h		M11	Install/Relocate Reheat Coil	
M2a	Over 2,000,000 BTU/h		M12	Install/Relocate Electric Strip Heater	
M3	Evaporative Cooler		M14	Incidental Gas Piping	
M4	Environmental Vent System: Bathroom		M15	Install/Relocate Suspended Wall/Unit Heater	
M4	Clothes Dryer		M16	Heating Appliance: Fireplace	
M4	Kitchen, Residential		M16	Appliance Vent or Chimney, Listed	
M4	Other: (Specify)		M16	Metal Chimney, Unlisted	
M5	Product Conveying Vent System: Garage		M17	AC/Refrigerator Compressor hp	
M5	Refrigeration Machinery Room		M18a	Air Handling Unit: Up to 2,000 CFM	
M5	Class H Occupancy		M18a	Over 2,000-10,000 CFM	
M5	Fume Hood		M18a	Over 10,000 CFM	
M5	Smoke Control System		M20	Fire Protection Devices: Fire Damper	
M5	Stair Pressurization System		M20	Smoke Damper	
M5	Other: (Specify)		M20	Combo Smoke/Fire Damper	
M6	Commercial Kitchen: Type 1 Hood		M20	Ceiling Radiation Damper	
M6	Type 1 Grease Exhaust Duct		M20	Corridor Damper	
M6	Type 1 Grease Exhaust Fan		M20	Smoke Detector, Duct-Type	
M6	Type 2 Hood		M20	Smoke Detector, Area-Type	
M6	Type 2 Exhaust Duct				
M6	Type 2 Exhaust Fan				



COMMERCIAL TAKE-OFF SHEET

FOR OFFICE USE ONLY	
SUBMITTAL DATE:	_____
DATE: CHECK#:	_____
TEMPLATE#:	_____

PROJECT ADDRESS	SUITE NUMBER

PLUMBING ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY	CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
P2	Plumbing Fixtures: Water Closet		P15	Storm Drainage: Rainwater Drain	
P2	Urinal		P15	Subsurface Drainage System	
P2	Shower, Per Head		P15	Sump Pump	
P2	Bathtub or Combo Bathtub/Shower		P16	Interceptor/Clarifier/Separator	
P2	Kitchen Sink		P17	Repair/Alter to Water Piping	
P2	Lavatory or Other Sink		P18	Repair/Alter to Sewer or Waste/Vent Piping	
P2	Drinking Fountain		P20	Lawn Sprinkler System Connection	
P2	Hose Bibb		P21	Water System: Booster Pump	
P2	Floor Drain		P21	Backflow Device	
P2	Floor Sink		P21	Pressure Regulating Valve	
P2	Trap Primer		P21	Other Water Using Device	
P2	Other: (Specify)		P21	Sewer and Waste: Building Drain	
P3	Dishwasher		P21	Sewage Ejector	
P3	Clothes Washer		P21	Backwater Valve	
P4	Garbage Disposal		P21	Manhole	
P5	Building Sewer Connection		P6	Cesspool/Holding Tank	
P12	Water Heater and/or Vent		P7	Private Sewage Disposal System	
P12	Thermal Expansion Tank		P26	Yard Potable Water Dist. (Linear Feet)	
P33	Solar Water Heating		P26	Yard Recycled Water Dist. (Linear Feet)	
P13	Fuel Gas: Gas Outlets		P27	Yard Gas Dist. (Linear Feet)	
P31	Gas Pressure Regulator		P28	Yard Sewer (Linear Feet)	



RECYCLING AND DIVERSION OF CONSTRUCTION AND DEMOLITION WASTE ASSESSMENT 2.0

The City of Irvine Municipal Code (Section 6-7-900) and the California Green Building Standards Code (Sections 4.408, 5.408, and 5.713.8) require that most projects recycle and/or divert construction and demolition waste. The purpose for this is to promote the reuse of resources and to help extend the longevity of the local landfills pursuant to the California State law AB 939 (Sher), SB1374 (Kuehl) et al. Complete the questions below to determine if your project is subject to recycle/diversion requirements.

For projects required to comply with these provisions, percentages of materials subject to recycling have increased under the 2016 California Green Building Standards Code and the City of Irvine Municipal Code. The new percentages are as follows:

Residential Projects -

- 75 percent of non-hazardous concrete and asphalt construction and demolition debris.
- 65 percent of all other construction, demolition, excavated soil and land clearing debris.

Non-residential Projects -

- 100 percent of all non-hazardous excavated soil and land clearing debris.
- 75 percent of all non-hazardous concrete and asphalt construction and demolition debris.
- 65 percent of all other non-hazardous construction, demolition debris.

CHECK THE BOXES BELOW AS APPLICABLE - DOES YOUR PROJECT INCLUDE:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	A new single family or multi-family residential main building or accessory building?
<input type="checkbox"/>	<input type="checkbox"/>	The remodel or renovation of an existing single or multi-family residential building that adds conditioned area or volume?
<input type="checkbox"/>	<input type="checkbox"/>	A non-residential project subject to a building permit?

If you answered YES to any question, your project is subject to the recycling/diversion requirement which includes the approval of a waste management plan and posting of a bond at permit issuance. Bond must be paid by check or surety bond. You may initiate this process at any time by contacting the City's Environmental Programs at 949-724-7669 or visit cityofirvine.org/c&d. [Note: projects with demonstrably small volumes of anticipated debris may be exempted.]

PROJECT ADDRESS

NAME OF INDIVIDUAL COMPLETING ASSESSMENT

COMPANY

SIGNATURE

DATE

IMPORTANT NOTES: (1) The assessment will be verified during plan review. Mistakes in this initial assessment may result in project delays; (2) Some project proponents choose to award the construction contract prior to posting a bond and/or getting the waste management plan approved. While this is completely acceptable, the processing time does become a critical path item. It is therefore important that this step be appropriately included in the overall project schedule.



ORANGE COUNTY FIRE AUTHORITY

COM

Plan Submittal Criteria COMMERCIAL projects, MULTIFAMILY RESIDENTIAL projects and RESIDENTIAL TRACT developments

INSTRUCTIONS:

- Fill in the project/business address and provide a brief description of the scope of work and type of business operation that will take place.
- Answer questions 1 through 10, read and initial items 11 and 12, then complete and sign the certification section.
- If you answer: - "YES" to *any part* of questions 1 through 10, submit the type of plan indicated in italics to OCFA.
- In some cases, other plan types not indicated herein may also be necessary depending on specific conditions or operations.
- Visit www.ocfa.org for submittal information and locations. If you need assistance in filling out this form or have questions regarding requirements for review, please contact OCFA at 714-573-6108 or visit us at 1 Fire Authority Road, Irvine, CA 92602.

Address	Suite	City	Irvine
Project Scope/Business Description			

- | | | | |
|--|-----|----|--|
| | YES | NO | |
|--|-----|----|--|
- Construction of a new building, a new story, or increase the footprint of an existing building? Changes to roadways, curbs, or drive aisles? Addition, relocation, or modification of fire hydrants or fences/gates? Construction within 300 feet of an active or proposed oil well? *Fire Master Plan (PR145)*
 - Property is adjacent to a wildland area or non-irrigated native vegetation? *Fire Master Plan (PR145); a Fuel Modification Plan may also be required. (PR120, PR124)*
 - Located in or < 100' from a Division of Oil, Gas, and Geothermal Resources (DOGGR) field boundary, < 300' from an oil/gas seep, or < 1000' from a landfill? *Methane Work Plan. (PR170)*
 - Installation/modification/repair of underground piping, backflow preventers, or fire department connections serving private fire hydrant/sprinkler/standpipe systems? *Underground Plan. (PR470, PR475)*
 - Drinking/dining/recreation/meetings/training/religious functions or other gatherings in a room > 750 sq.ft. (> 1,000 sq.ft. for training/adult education) or > 49 people? Healthcare/outpatient services for > 5 people who may be unable to immediately evacuate without assistance? Education for children (*academic tutoring for ages 5+ is exempt unless classified as an E occupancy by the Building Official*)? Adult/child daycare? 24-hour care/supervision? Incarceration or restraint? Hotel/apartment or residential facility with 3+ units and 3+ stories (*3-story townhouses/rowhouses where an independent direct exit to grade is provided for dwelling are exempt*)? Congregate housing/dormitories with 17+ people? High-rise structure (55+ feet to highest occupied floor level)? *Architectural Plan (PR200-PR285)*
 - Installation/modification of locks delaying or preventing occupants from leaving a space or requiring use of a card, button, or similar action to open a door in the direction of exit travel? *Architectural, Sprinkler, and/or Alarm Plan depending on the occupancy and type of device installed (PR200-PR280, PR420-PR425, PR500-PR520)*
 - Installation/modification/use of spray booths; dust collection; dry cleaning; industrial ovens/drying equipment; industrial/commercial refrigeration systems; compressed gasses; tanks for cryogenic or flammable/combustible liquids; vapor recovery; smoke control; battery back-up/charging systems (> 50 gal. electrolyte, > 1,000 lb. lithium ion); welding/brazing/soldering, open flame torches, cutting/grinding; or other similar operations? *Special Equipment Plan (PR315, PR340-PR382)*
 - Storage/use/research with flammable/combustible liquids or other chemicals? Motor vehicle/aircraft maintenance/repair? Cabinetry/woodworking/finishing facility? *Chem Class & floor plan (full architectural plan if H occupancy); Special Equipment Plans may be necessary. (PR315-PR360, PR232-PR240)*
 - Storage or merchandizing areas in excess of 500 sq. ft. where items are located higher than 12' (6' for high-hazard commodities, plastic, rubber, foam, etc.)? *High-piled Storage Plan (PR330)*
 - Cooking under a Type I commercial hood; installation or modification of a fire extinguishing system located in a commercial cooking hood? *Hood & Duct Extinguishing System, not just the hood mechanical plan. (PR335)*

Initial each of the following two items indicating that you have read and understand the statement:

- *Sprinklers/Alarms: Consult Building/Fire Codes and ordinances to determine sprinkler/alarm requirements; if a system is required, plans shall be submitted for OCFA review. Existing buildings undergoing remodel must be evaluated by a licensed contractor to determine if modification is needed; if so, contractor shall submit plans prior to making modifications.
Initials _____
- Fire Hazard Severity Zone: Consult maps available at building department or on OCFA website to determine if your site is located in a FHSZ. Buildings in a FHSZ may be subject to special construction requirements detailed in CBC Chapter 7A or CRC R327—the building department will determine specific requirements.
Initials _____

I certify under penalty of perjury under the laws of the State of California that the above is true:

Print Name	Signature
Phone Number	Date

Building Department: If you have verified that all of the questions have been answered accurately as "NO", and the project does not otherwise require OCFA review of sprinkler or alarm plans*, then you may accept this signed form as a written release that OCFA review is not required. Should you still require that the applicant have plans approved by OCFA, please initial here _____ or attach an OCFA referral form and have the applicant submit the form along with the appropriate plans and fees for OCFA review.



COMMUNITY DEVELOPMENT / PUBLIC WORKS

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Irvine legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Irvine, is considered to be the true, accurate, and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Irvine's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/ Digital Signature Disclosure.

SIGNATURE

DATE