

City Staff Use Only

Application Complete ____ Yes ____ No

Check one

City Staff Initials _____ Date _____

**CITY OF WINTERS BUILDING DIVISION
SUBMITTAL CHECKLIST**

Name of Project _____ Permit #: _____

Address/Location _____

Contact Person _____ Phone Number _____

E-mail _____ Fax Number _____

Contact the City Planner at (530) 794-6714 and obtain approval prior to completing the items on this submittal checklist.

Number of Copies	NON-RESIDENTIAL – Sales Trailer (for subdivision)	# Plans Received	Date Received	Received By
4	Plans must include the following: <input type="checkbox"/> Site plan showing trailer location; <input type="checkbox"/> Foundation details; <input type="checkbox"/> Accessibility details for path of travel and restroom; <input type="checkbox"/> Grading plans showing path of travel grade; <input type="checkbox"/> Location of trap fences (out of right of way); <input type="checkbox"/> Landscape plan; <input type="checkbox"/> Accessible parking plan; <input type="checkbox"/> Accessible path of travel; <input type="checkbox"/> Water connection; <input type="checkbox"/> Sewer connection; <input type="checkbox"/> Electrical connection; <input type="checkbox"/> Electrical details.			
1	COMPLETE SET OF 11x17 PLANS			
1	PLANNING APPROVAL LETTER			
1	OWNER / BUILDER VERIFICATION FORM			
1	BUILDING PERMIT APPLICATION FORM (include contract amounts)			