

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	RESIDENTIAL – (Grading and/or Underground)	# Plans Received	Date Received	Received By
4	CIVIL DRAWINGS: <input type="checkbox"/> Existing and proposed contours; <input type="checkbox"/> Landscape berming elevations; <input type="checkbox"/> Grade elevations; <input type="checkbox"/> Rough grading plan including property lines and easements; <input type="checkbox"/> On site plumbing including landscape plumbing runs or chases; <input type="checkbox"/> Landslide mitigation; <input type="checkbox"/> Retaining wall design and calculations; <input type="checkbox"/> On site electrical conduit, wire size type and depth, single line diagram; <input type="checkbox"/> Storm drains; <input type="checkbox"/> Storm Water Pollution Prevention Plan.			
2	SOILS REPORT – Stamped and signed by a licensed soils engineer.			
1	COMPLETE SET OF 11x17 PLANS			
1	LETTER FROM SOILS ENGINEER – Stating that he has been retained for observation of engineered fill.			
1	MEMO WITH CONTRACT PRICE AND ESTIMATE OF CUBIC YARDAGE TO BE MOVED			
1	OWNER / BUILDER VERIFICATION FORM			
1	BUILDING PERMIT APPLICATION FORM			