

Planning & Building Agency Building Safety Division 20 Civic Center Plaza P.O. Box 1988 (M-19) Santa Ana, CA 92702 (714) 647-5800

ACCELERATED PLAN CHECK REQUEST

www.santa-ana.org

Project Address:					
Misc. Receipt:		Processed By:		Plan Checked By:	
Cost: \$172.97 per hour	for each discipli	ne. The plan che	ecker will	estimate the num	ber of hours for review.
Type of Plan Check:	Building		Electrical		
	Est. Hrs.	Actual		_ Est. Hrs	Actual
	Plumbing			_ Mechanical _	
	Est. Hrs.	Actual		Est. Hrs	Actual
Owner/Representative	Signature:				
Print Name:	Date:				
Telephone Number: () Fax Number ()					
Email Address:					
	ited plan check re Public Works, P				
the acc	esting an "accele elerated fee of \$			II be \$269.90 per	hour in addition to
Name (Last, First, Initial)			Empl	oyee#	Division
Name (Last, 111st, Initial)			Empi	oyee ii	DIVISION
From (Date & Time)	To (Date & Time)		Total Hours Worked		Comp Time Requested
				Overtime Requested	
Employee Signature:				Date:	
AUTHORIZE			_ Comp time	APPROVALS	
			_ Overtime	Division Manager	Date
Immediate Supervisor		Date		Executive Director	Date