



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

www.santa-ana.org

ACCELERATED PLAN CHECK REQUEST

Project Address: _____

Misc. Receipt: _____ Processed By: _____ Plan Checked By: _____

Cost: \$165.27 per hour for each discipline. The plan checker will estimate the number 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: _____

_____ **An accelerated plan check review will not include the following:
 Fire, Police, Public Works, Planning or Landscaping Plan Check**

Revisions: If requesting an "accelerated revision", the cost will be \$257.88 per hour in addition to the accelerated fee of \$165.27 per hour.

INTERNAL USE ONLY

Name (Last, First, Initial)		Employee #	Division
From (Date & Time)	To (Date & Time)	Total Hours Worked	_____ Comp Time Requested _____ Overtime Requested
Employee Signature:		Date:	
AUTHORIZE _____ _____ Immediate Supervisor _____ Date _____		APPROVALS _____ Division Manager _____ Date _____ _____ Executive Director _____ Date _____	