



**City of Santa Ana**  
**Building Safety Department**  
**PLAN CHECK RE-SUBMITTAL FORM**

20 Civic Center Plaza M-19 Santa Ana, CA 92702  
Office: (714) 647-5800

**Project Address:** \_\_\_\_\_

**Plan Check No.:** \_\_\_\_\_

**Name of Plan Checker:** \_\_\_\_\_

**PLEASE MAKE SURE THAT THE FOLLOWING DOCUMENTS ARE INCLUDED WITH EACH RE-SUBMITTAL**

- 1. Complete updated plans: (2) sets for M.E.P.; (3) sets for all others**
- 2. Original Checked Set, Plan Check Correction List and Response List**
- 3. Narrative addressing corrections or revisions**
- 4. Structural engineering calculations (if applicable)**
- 5. Title 24 Energy documents (if applicable)**
- 6. Any other documents related to this project.**

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**PLEASE ATTACH YOUR CITY CORRECTION LIST TO THIS FORM AND RUBBERBAND ALL FORMS TO RETURNED PLANS**

**I hereby submit my Plan Check Application for review of corrections required by the City, on a previously Plan Checked review. I understand that I will be notified of findings upon completion of review and that an incomplete re-submittal may be returned causing delay of the plan check review time.**

**BY:** \_\_\_\_\_

APPLICANT (Signature)	(Print name)	Date	Phone number
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**Email Address (required)**