## EL DORADO COUNTY

# **Master Plan Submittal**

#### **OFFICE USE ONLY**

Date

Initials

#### **APPLICANT TO COMPLETE:**

Owner's Name	Contractor's Name
Mailing Address	Mailing Address
City State Zip	City State Zip
Ph [ ] Fax [ ]	Ph [ ] Fax [ ]
	Business Lic. No.
Contact Person	Contractors Lic. No.
Mailing Address	
CityStateZip	Engineer Lic. No
Ph [ ] Fax [ ]	Architect Lic. No.
E-mail Address	Lender

Check One:

□ NEW PLAN: include a square-footage summary of each plan variation using dept.-provided form.

□ REVISION: include a cover letter describing the nature of the change(s) and the page(s) affected.

I understand that an application missing any required items will be deemed incomplete, and the plan review process will not be scheduled until the items are received by the Building Department.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### FOR BUILDING DEPARTMENT USE:

Structural				
Approved Date	P/C Date			
	By			
Non-Structural				
Approved Date	P/C Date			
	By			
Contact				
Comments Sent	Date			
	By			
Response Rec'd	Date			
	By			

NOTES: