



## Land Use Plan Review Application Form

All information is required to properly process the application and access the plan review fees.  
Incomplete applications will not be accepted for plan review.

### SITE INFORMATION

Property Owner Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ APN: \_\_\_\_\_ Lot Size (acres): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cross Street: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_  Same as Property Owner  
 Business Name (if applicable): \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Designer Name: \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### SCOPE OF WORK

**Type of Dwelling:**  Single Family Residence  Secondary Dwelling  Commercial  
**Number of Dwelling/Structure Connections:** \_\_\_\_\_

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Y

- New Residential Onsite Wastewater Treatment System (OWTS)**
  - Conventional OWTS (LU14)
  - Pump System Review (LU19)
  - Alternative OWTS (LU21) – *Not Allowed for New Subdivision*
- New Commercial Onsite Wastewater Treatment System (LU13)**  
 Provide a summary of the intended scope of work and type of operation that will be served by the proposed system. (e.g., religious institution, school, restaurant, public restroom, etc.):  
 \_\_\_\_\_
- Plan Check Building Addition/Remodel**
  - Major Addition/Remodel (> 500 sq. ft. and/or Bedroom Addition) (LU15)
  - Minor Addition/Remodel (≤ 500 sq. ft. **without** a Bedroom Addition) (LU16)
- Planning/Building Department Clearance**
  - Residential Accessory Structure (Pool/Solar/Barns/Detached Garage/etc.) (LU17)
  - Lot-line Adjustment/Merger (LU10)
  - Grading and Drainage Clearance (LU20)
  - Microenterprise Home Kitchen - MEHKOs (LU96)

**PLANS ATTACHED**

- OWTS Plans (*paper/digital*)
- Grading & Drainage Plans
- Building Department Floor Plans (*e.g., SFR, ADU, JADU, etc.*)
- Other (*Preliminary/Site Plans*): \_\_\_\_\_

**SUPPORTING PLAN REVIEW DOCUMENTS (LU08)**

*Check All That Apply or N/A*

- Geotechnical Report
- Hydrogeological Report
- Other: \_\_\_\_\_
- Nitrate Loading Analysis Report
- Groundwater Mound Analysis Report
- N/A

**NOTE:** Upon completion of initial review, additional fees may apply, and will be invoiced accordingly via e-mail. For any additional information, please visit our [Land Use Program homepage](#) or call our main office.

**By signing this application, authorization is granted to agents of the Department of Environmental Health to enter the property during normal business hours to conduct any necessary investigations related to this project. I acknowledge that I am submitting this plan check application form pursuant to County of Santa Clara Ordinance Code Division B11 Chapter V.**

\_\_\_\_\_  
Owner/Authorized Agent Signature                      Print Name                      Date

**OFFICE USE ONLY**

Facility ID: FA0	Service Request #: SR0	Existing ON0: _____	Account ID: AR0
Owner ID: OW0	Program Element(s): _____	Existing Septic Permit #: _____	Invoice #: IN0
Received By: _____	Date: / /	Amount Paid: _____	Check #: _____
Assigned To: _____	Date: / /		