



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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- 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)

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

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|--------------------|---------------------------|---------------------------------|-----------------|
| 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: / / | | |