

Type of preliminary plan review service requested:

- ☐ Building Code/Accessibility
- ☐ Zone Code
- ☐ Public Improvements
- ☐ Mechanical Systems
- ☐ Plumbing Systems
- ☐ Electrical Systems
- ☐ Other \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**Instructions:**

1. Submit this application form via email to [buildingpermitcenter@milpitas.gov](mailto:buildingpermitcenter@milpitas.gov), or in person at the Permit Center. Please check all applicable boxes above for type of services requested.
2. Department staff will contact you to schedule an appointment.
3. Bring this Preliminary Plan Review Service application form and any available drawings to the scheduled appointment.
4. Please note that each appointment will be limited to a maximum of two hours.
5. To cancel an appointment, please call at least 24 hours prior to the scheduled appointment time.
6. Complete the back side of this form. The objective is to disclose and provide as much information as possible in reference to the proposed scope of work so that the City, in return, can provide detailed information on the construction permit application process.

**PROJECT INFORMATION** (please check all applicable items below)

<b><u>Existing Use of Building</u></b>	<b><u>Proposed Use of Building</u></b>
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Apartment/Condo
<input type="checkbox"/> Assembly (restaurant, church, etc.)	<input type="checkbox"/> Assembly (restaurant, church, etc.)
<input type="checkbox"/> Commercial (retail, offices, etc.)	<input type="checkbox"/> Commercial (retail, offices, etc.)
<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial

<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<p style="text-align: center;"><b><u>Proposed Site Modifications</u></b></p> <input type="checkbox"/> Hardscape re-do or modify <input type="checkbox"/> Landscape re-do or modify <input type="checkbox"/> Other _____	<p style="text-align: center;"><b><u>Proposed Demolition</u></b></p> <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Other _____
<p style="text-align: center;"><b><u>Proposed Building Changes</u></b></p> <input type="checkbox"/> Addition <input type="checkbox"/> Exterior Service Yard (new or modify) <input type="checkbox"/> Tenant Improvements (interior only) <input type="checkbox"/> Other _____	<p style="text-align: center;"><b><u>Proposed new Occupancies</u></b> (major use)</p> <input type="checkbox"/> Office <input type="checkbox"/> Fabrication (assembly lines, etc.) <input type="checkbox"/> Assembly (restaurant, church, etc.) <input type="checkbox"/> Hazardous (H Occupancies) <input type="checkbox"/> Other _____
Fire sprinklers: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Project Description:	
Does your project require Planning Department Entitlement Action <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</span> If Yes, have you already submitted your project for Planning Commission Review <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</span> If Yes, provide Project No.: P-_____	
To ensure the best possible service, please provide a <u>detailed</u> list of questions below or attach to this application form:	
<p><b><u>Office use only:</u></b></p> <p>Appointment Information:</p> <p>Date: _____ Time: _____ Room: _____</p> <p>Department/Division Representatives:</p> <p>Building Safety: _____</p> <p>Engineering: _____</p> <p>Fire: _____</p> <p>Planning: _____</p>	