



# CITY OF SACRAMENTO

DEPARTMENT OF TRANSPORTATION  
ENGINEERING SERVICES DIVISION  
DEVELOPMENT ENGINEERING

300 RICHARDS BLVD., 3<sup>RD</sup> FL. • SACRAMENTO, CA 95811-0218 • PH: (916) 808-8300 • FAX: (916) 808-1984

## COMMERCIAL OFF-SITE SUBMITTAL APPLICATION

Page 1 of 2

TYPE OR PRINT LEGIBLY – SHOW ALL INFORMATION – use additional page if more space is required.

S T A T E M E N T	<b>Project Billing Information</b>		
	The information provided in this form shall serve to notify the City of Sacramento that I/we am/are the legal owner(s) of the property listed below and hereby authorize the project below:		
	Project Name: _____		
	Project Location: _____		
<p>I agree to take full financial responsibility for all costs accrued by the City for the overall daily management of my project, which ensures that all ordinances, standards, and permits are enforced. This may include and is not limited to: plan review and revisions, traffic control plans, SWPPP inspections, construction inspections, encroachment permits, traffic studies, call routes, monument verification inspections, and administrative support.</p> <p>I am aware that if I receive an invoice for my account, I will pay unpaid balance. All payments are due upon receipt. If I feel that I have been invoiced in error, I will contact the City within 45 days. I understand that if I do not contact the City within 45 days, all charges are my financial responsibility. The City reserves the right to stop their work and my work on this project for unpaid balances and all charges must be paid prior to project approval. If I sell this property, I will disclose the terms of this statement and provide the City with new billing information. If I fail to do this, I will continue to be financially responsible for all costs related to this project. Any excess plan check and inspection fees will be refunded to me after completion of this project.</p>			
_____ Owner's Signature		_____ Owner's Name	_____ Date

O W N E R  I N F O	NAME OF LEGAL OWNER(S)		
	MAILING ADDRESS, CITY, STATE, ZIP		
	PHONE	FAX	E-MAIL
	NAME OF CONTACT PERSON	PHONE	E-MAIL

C O N T A C T	NAME OF CONSULTING FIRM		OWNER	CONTRACTOR	ENGINEER	ARCHITECT
	MAILING ADDRESS, CITY, STATE, ZIP					
	PHONE	FAX	E-MAIL			
	NAME OF CONTACT PERSON					

SUBMITTAL INFORMATION (OFFICE USE ONLY)		
CPC	eCaps:	Project Manager:

# COMMERCIAL OFF-SITE SUBMITTAL APPLICATION

Included (items required for 1<sup>st</sup> submittal are identified in bold)

## **SUBMITTAL CHECKLIST**

Date of Submittal \_\_\_\_\_

### **OWNER OR ENGINEER MUST INITIAL SUBMITTED ITEMS BELOW**

OWNER/  
ENGINEER

CITY  
STAFF

- \_\_\_\_\_      \_\_\_\_\_ 1) **Plan Check Fee with Engineer's Estimate** (as calculated on the City's webpage) \$ \_\_\_\_\_  
<http://www.cityofsacramento.org/dsd/development-engineering/fee-calculator/>
- \_\_\_\_\_      \_\_\_\_\_ 2) **Application Form**
- \_\_\_\_\_      \_\_\_\_\_ 3) **6 sets of the Approved & Signed Conditions and Mitigation Monitoring Plan** (Signed conditions can be downloaded from the following link:  
<http://www.cityofsacramento.org/dsd/meetings/commissions/planning/>
- \_\_\_\_\_      \_\_\_\_\_ 4) **10 Sets of Improvement Plans, (12 if Landscaping and 14 if Traffic Signal are included).**

**Exception: If the project is in concurrent processing, the draft conditions and signed concurrent processing form will need to be submitted.**

**Exception: If the project is by-right, a planning referral sheet stating that the project is by-right will need to be submitted.**

- \_\_\_\_\_      \_\_\_\_\_ 5) Seepage Study included with soils report (if required).
- \_\_\_\_\_      \_\_\_\_\_ 6) Electrical plans (if required).
- \_\_\_\_\_      \_\_\_\_\_ 7) Intersection Improvement Report for all intersections where signal modifications are proposed (See Attachment).
- \_\_\_\_\_      \_\_\_\_\_ 8) A Soils Report, with R values.
- \_\_\_\_\_      \_\_\_\_\_ 9) Plans for completeness including: R-values, TI's, and that you have all the sheets listed in the plan index, Electrical and striping plans if applicable.
- \_\_\_\_\_      \_\_\_\_\_ 10) Planning Referral Sheet.

### INCOMPLETE SUBMITTAL (OFFICE USE ONLY)

**Your Offsite Submittal Package has been returned because the following items are missing:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please resubmit your package with these items included.**