



City of Fountain Valley
 10200 Slater Ave.
 Fountain Valley, CA 92708

PLAN REVIEW SUBMITTAL CRITERIA

Complete the following questions as they relate to the project you are proposing.

PROJECT ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

Planning Department Criteria

***All projects must be routed through the Planning Department.**

Fire Department Criteria

Yes No

- 1. Does the total square footage (existing and new), including garage, exceed 3,500 square feet?
- 2. Will this residence be used as a Residential Care Facility for the Elderly?

***All Commercial Projects**

Yes No

- 1. Does this project involve a building equipped with automatic fire sprinklers, fire alarm, Knox box, or any Fire System equipment?
- 2. Is this project a restaurant involving commercial cooking?
- 3. Does this project include changes to the site, location of fire hydrants, or parking striping?
- 4. Does this project include construction of a new structure or increase the footprint of an existing building?
- 5. Will the new building, addition, or tenant improvement contain one of the following occupancies? Assembly, Educational, Factory, Hazardous Materials, Institutional, or Multi-family Residential (3 or more units)?
- 6. Does this project involve the installation of gates that restrict access to any structures?

• If you answered “YES” to any of the questions, this project must be routed through the Fire Department.

Public Works Criteria

Residential and Commercial projects

Yes No

- 1. Does this project involve utility connections in the City right-of-way?
- 2. Does this project propose to modify, construct new, or in any other manner alter the City right-of-way (e.g. drive approach, curb and gutter, sidewalk, street, etc.)?
- 3. Does this project involve a new pool, spa, or shed?
- 4. Does this project increase the footprint of the building toward the rear and/or side yard?
- 5. Does this project involve a grease trap/ interceptor?
- 6. Is this project an Automotive Repair Garage? Route to NPDES Coordinator for WQMP.
- 7. Is this project a residential subdivision of 10 units or more? This includes single family residences, multi-family residences, condominiums, apartments, etc.?

• If you answered “YES” to any of the questions, this project must be routed through the Public Works Department.

Demolition

Yes No **Is there any type of demolition to occur? If yes, asbestos survey is required. Specify what will be demolished:** _____.

Soils Review Criteria

Yes No

- 1. Is this project a new commercial or residential structure?
- 2. Is this an addition over 200 square feet? A 2nd story addition? Or a commercial building addition?

• If you answered “YES” to any of these questions, this project must have a soils report and a Soils Review. (Addition fees required for Soils Review)

• If you have answered “NO” to any of these questions, the Building Department may accept this checklist as the written release.

I certify under penalty of perjury under the laws of the State of California that the above is true.

Date: _____ Signature: _____ Print name: _____