



RESIDENTIAL PLAN REVIEW CHECKLIST

Santa Clara City
2603 Santa Clara Drive
Santa Clara, Utah 84765
(435) 656-4690 Fax (435) 879-5298

Contractor: _____

Plans: Approved Disapproved

Subdivision: _____

Date: _____

Encroachment: Approved Disapproved **Comments:** _____

	Pass	Fail	Applicable		Comments
			Yes	No	
1 Permit Application			<input type="checkbox"/>	<input type="checkbox"/>	
2 Site Plan			<input type="checkbox"/>	<input type="checkbox"/>	
3 Res Check			<input type="checkbox"/>	<input type="checkbox"/>	
4 Soils			<input type="checkbox"/>	<input type="checkbox"/>	
5 NOI			<input type="checkbox"/>	<input type="checkbox"/>	
6 Release of Liability			<input type="checkbox"/>	<input type="checkbox"/>	
7 Const. Site Maint. Agreement			<input type="checkbox"/>	<input type="checkbox"/>	
8 WCWCD			<input type="checkbox"/>	<input type="checkbox"/>	
9 Engineering			<input type="checkbox"/>	<input type="checkbox"/>	
10 Truss Layout			<input type="checkbox"/>	<input type="checkbox"/>	
11 Interior/Exterior Sheer			<input type="checkbox"/>	<input type="checkbox"/>	
12 Footing / Foundation Plan			<input type="checkbox"/>	<input type="checkbox"/>	
13 Hold Downs / FTG Plan			<input type="checkbox"/>	<input type="checkbox"/>	
14 Smoke Detectors/C02			<input type="checkbox"/>	<input type="checkbox"/>	
15 GFI Outlets			<input type="checkbox"/>	<input type="checkbox"/>	
16 ARC Fault Circuits			<input type="checkbox"/>	<input type="checkbox"/>	
17 Subpanel			<input type="checkbox"/>	<input type="checkbox"/>	
18 Outlet Position			<input type="checkbox"/>	<input type="checkbox"/>	
19 Fire Door			<input type="checkbox"/>	<input type="checkbox"/>	
20 5/8 Type X			<input type="checkbox"/>	<input type="checkbox"/>	
21 Gas Meter			<input type="checkbox"/>	<input type="checkbox"/>	
22 Thermal Expansion			<input type="checkbox"/>	<input type="checkbox"/>	
23 Seismic Restraint			<input type="checkbox"/>	<input type="checkbox"/>	
24 Combustion Air			<input type="checkbox"/>	<input type="checkbox"/>	
25 Tempered Windows			<input type="checkbox"/>	<input type="checkbox"/>	
26 Egress Windows			<input type="checkbox"/>	<input type="checkbox"/>	
27 Protection Post			<input type="checkbox"/>	<input type="checkbox"/>	
28 Jacuzzi Access			<input type="checkbox"/>	<input type="checkbox"/>	
29 Attic Access			<input type="checkbox"/>	<input type="checkbox"/>	
30 Set Backs			<input type="checkbox"/>	<input type="checkbox"/>	
31 Wall Height/Building Height			<input type="checkbox"/>	<input type="checkbox"/>	
32 IRC Reference			<input type="checkbox"/>	<input type="checkbox"/>	
33 Attic Ventilation			<input type="checkbox"/>	<input type="checkbox"/>	
34 Penetrations			<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	Applicable		Comments
			Yes	No	
35			<input type="checkbox"/>	<input type="checkbox"/>	
36			<input type="checkbox"/>	<input type="checkbox"/>	
37			<input type="checkbox"/>	<input type="checkbox"/>	
38			<input type="checkbox"/>	<input type="checkbox"/>	
39			<input type="checkbox"/>	<input type="checkbox"/>	
40					
Requirements			Pass	Fail	
41			<input type="checkbox"/>	<input type="checkbox"/>	
42			<input type="checkbox"/>	<input type="checkbox"/>	
43			<input type="checkbox"/>	<input type="checkbox"/>	
44			<input type="checkbox"/>	<input type="checkbox"/>	
45			<input type="checkbox"/>	<input type="checkbox"/>	
46			<input type="checkbox"/>	<input type="checkbox"/>	
47			<input type="checkbox"/>	<input type="checkbox"/>	
48			<input type="checkbox"/>	<input type="checkbox"/>	
49			<input type="checkbox"/>	<input type="checkbox"/>	
50			<input type="checkbox"/>	<input type="checkbox"/>	
51			<input type="checkbox"/>	<input type="checkbox"/>	
52			<input type="checkbox"/>	<input type="checkbox"/>	
53			<input type="checkbox"/>	<input type="checkbox"/>	
54			<input type="checkbox"/>	<input type="checkbox"/>	
55			<input type="checkbox"/>	<input type="checkbox"/>	
56			<input type="checkbox"/>	<input type="checkbox"/>	
57			<input type="checkbox"/>	<input type="checkbox"/>	
58			<input type="checkbox"/>	<input type="checkbox"/>	
59			<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Applicable		Comments
			Yes	No	
* Received CD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* Plans to be RED LINED	<input type="checkbox"/>	<input type="checkbox"/>			
* Plans to be RE-DRAWN	<input type="checkbox"/>	<input type="checkbox"/>			
* Reviewed by Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>			