



Development Service Center

Hipolito Olmos C.B.O. Building Division
7351 Rosanna Street, Gilroy, CA 95020
Phone: 408 846-0451 Fax: 408 846-0429
Visit us: www.cityofgilroy.org

Concurrent (DEH) Plan Review

To The City of Gilroy:

I _____ request review of construction drawings for my project prior to final approval of the **Santa Clara County of Environmental Health (DEH)** permit(s). In submitting construction drawings early, I acknowledge that there may be additional changes/comments that may arise during the planning entitlement process, and are not reflected on plan checks performed as a result of early review. If early submittal of these plans results in any additional expense to the City, I will reimburse the City for those expenses. In addition, I will not hold the City liable for any expenses I incur that may result from early submittal.

Application Date: _____ **Received By:** _____

Permit #: _____ **APN:** _____

Project Name: _____

Project Address: _____

Project Description: _____

I have been informed and understand that building permit(s) will not be issued until all reviewing divisions approve the project. If the project is denied or changed by the one or more of the reviewing divisions, I will not receive a refund of the submitted plan check fees.

Sincerely,

Applicant: _____
(Print Name) *(Sign Name)*

Owner **Architect** **Engineer** **Other** _____

City Reviewers: (Office Use Only)

By signing the form below each development review Department and/or Division agrees to provide an At-Risk Plan Check Review.

Building Official: _____ **Fire Marshal:** _____

City Engineer: _____ **Planning Manager:** _____