

Completeness Review



Tenant Improvements/Commercial Remodels & Additions

Development and Infrastructure Services

State law (A.R.S. § 9-835(D)) requires a Completeness Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Completeness Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for plan review.

Project Name: _____ OV Project Number: _____

Project Address: _____

Applicant Name: _____ Title: _____ Phone: _____

Applicant Email: _____

Required Information:

- | Provided | N/A |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Number of sheets coordinated to plan index |
| <input type="checkbox"/> | <input type="checkbox"/> Completed Checklist for Tenant Improvements/Commercial Remodels & Additions |
| <input type="checkbox"/> | <input type="checkbox"/> Completed Building Permit Application with initial submittal |
| <input type="checkbox"/> | <input type="checkbox"/> Cover Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> Submittal Documents: <ul style="list-style-type: none">○ Seven sets of bound and sealed drawings, including Final Site Plan (no sepias, mylars or vellums)○ Drawing scale: 1/4" scale minimum |
| <input type="checkbox"/> | <input type="checkbox"/> Project Specifications |
| <input type="checkbox"/> | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Floor Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Section Views |
| <input type="checkbox"/> | <input type="checkbox"/> Electrical Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Plumbing Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Mechanical Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Energy Conservation Code Compliance |
| <input type="checkbox"/> | <input type="checkbox"/> Fire Sprinklers (3 bound copies) and Two (2) sealed (if applicable) hydraulic calculations |
| <input type="checkbox"/> | <input type="checkbox"/> Kitchen Hoods – Type I or II specified (3 copies) |
| <input type="checkbox"/> | <input type="checkbox"/> Reflected Ceiling Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Window and Door Schedule (if added) |
| <input type="checkbox"/> | <input type="checkbox"/> Fixture Plan |
| <input type="checkbox"/> | <input type="checkbox"/> Official Address Certificate From Pima County Addressing |
| <input type="checkbox"/> | <input type="checkbox"/> Hazardous Materials listed as required by Fire Code |
| <input type="checkbox"/> | <input type="checkbox"/> Health Department Approval |
| <input type="checkbox"/> | <input type="checkbox"/> Registrants seal, signed, dated and expiration date |
| <input type="checkbox"/> | <input type="checkbox"/> For re-submittals, 2 copies of a response letter |
| <input type="checkbox"/> | <input type="checkbox"/> Fees |

Per the requirements of State law, this permit application is:

- Accepted as Administratively Complete
- Deficient, items marked above are required for plan acceptance.

Revision Date: 03/18/2014

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Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: _____

Print Name: _____

Phone: _____ Date: _____