

OWNER / APPLICANT CERTIFICATION

I certify that I am presently the legal owner of the above-described property or can act as an agent on their behalf. Further, I acknowledge the filing of this application and certify that all above information is true and correct.

Note: 4th and subsequent plan check reviews will require additional plan check fees and will be based on Time and Material.

Signature: _____ Date: _____

Print Name and Title: _____

PERMIT INFO

Proposed Start Date: _____ No. of Working Days: _____

Description of Work: _____

_____ Yes	_____ No	Traffic Control Only (No Excavation)
_____ Yes	_____ No	Will the project cause complete street closure?
_____ Yes	_____ No	Is the project located adjacent to Kaiser Hospital or School?
_____ Yes	_____ No	Is the project located adjacent to a signalized intersection?
_____ Yes	_____ No	Is the project for a small cell/wireless location?

Note: If traffic control for the project is beyond the scope of the CATCH manual or if it involves a road closure, then traffic control plans will be required.

California Temporary Traffic Control Handbook: Latest Edition (CATCH) proposed for this project: Drawing No.: _____ (Provide Sheet(s))

CONTRACTOR

Contact Person: _____

Phone: _____ Mobile: _____ Email: _____

Company Name: _____

Address: _____

City Business License No. _____

Expiration Date: _____

State License Board No. _____

Expiration Date: _____

General Liability Insurance Policy No. _____

Expiration Date: _____

Workers Compensation Insurance Policy No. _____

Expiration Date: _____

Note: A copy of the State License, General Liability & Workers Compensation must be submitted.

Note: Add City of Fontana as additionally insured/indemnify against liability.

Note: Contractor's License must be Class "A" or specialized "C" consistent with the type of work performed.

CITY OF FONTANA
PLAN CHECK CALCULATION FORM

*THIS FORM MUST BE SUBMITTED WITH FIRST PLAN CHECK
(INCOMPLETE APPLICATIONS WILL BE REJECTED)*

Provided: Quantity:

1. _____ 1 Set Construction Cost Estimate Exhibit "A"

TRAFFIC SIGNAL PLANS: PLAN CHECK FEES:

(Construction Cost Estimate)	(Adjusted fee)	(Percent)	(Base Amount)
\$ 0 - \$25,000	\$0	5.00%	\$374.00
\$ 25,001 - \$50,000	\$25,000.00	4.00%	\$1,752.00
\$ 50,001 - \$150,000	\$50,000.00	3.75%	\$2,854.00
\$ 150,001 - \$250,000	\$150,000.00	3.50%	\$6,973.00
\$ 250,001 - \$500,000	\$250,000.00	3.00%	\$10,776.00
\$ 500,001 - \$1,000,000	\$500,000.00	2.50%	\$18,698.00
\$1,000,001 - Up	\$1,000,000.00	2.00%	\$28,212.00

(Construction Cost Estimate - Adjusted Fee) x (Percent) + (Base Amount)
(\$ _____ - \$ _____) x (_____ %) + (\$ _____).....\$ _____

COMPUTER SOFTWARE AND HARDWARE OF PERMITTING PROGRAM

.....5% of all plan check fees.....\$ _____

TRAFFIC SIGNAL CABINET\$75,000.00 minimum.....\$ _____

REQUIRED WITH TRAFFIC SIGNAL SUBMITTAL ONLY

GIS ARCHIVE FEE\$54.00 x No. of Sheet (_____)\$ _____

SIGNING AND STRIPING PLAN\$441.00 x No. of Sheet (_____).....\$ _____

TRAFFIC CONTROL AND DETOUR PLAN.....\$441.00 x No. of Sheet (_____).....\$ _____

ALIGNMENT PLAN.....\$441.00 x No. of Sheet (_____).....\$ _____

INTERCONNECT PLAN.....\$441.00 x No. of Sheet (_____).....\$ _____

TRAFFIC STUDY REVIEW.....\$1,410.00 minimum.....\$ _____

PARKING STUDY REVIEW.....\$275.00.....\$ _____

SPECIFIC FOCUS TRAFFIC STUDY REVIEW.....\$551.00.....\$ _____

TRIP GENERATION, VMT or TIA SCOPING ANALYSIS FEE.....\$136.00.....\$ _____