



**Consultant Plan Review Form**

The preparer is legally responsible for signatures whether wet signed, typewritten, digital, or otherwise.

<b>Project Information</b>	Permit #: _____
APN: _____	Date: _____
Project Address: _____	
Property Owner: _____	Email: _____
Owner Address: _____	Phone: _____

**Technical Report Information** *Please cite all reports utilized to determine project conformance*

Consultant Company Name: \_\_\_\_\_

Name of Professional Who Signed Report: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Date of Updates/Supplemental Information: \_\_\_\_\_

**Consultant Information**

Name: \_\_\_\_\_ Lic #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Geotechnical Engineer           | <input type="checkbox"/> Certified Arborist  | <input type="checkbox"/> Civil Engineer      |
| <input type="checkbox"/> Certified Engineering Geologist | <input type="checkbox"/> Qualified Biologist | <input type="checkbox"/> Other (type): _____ |

**Project Plan Sheets Reviewed**

Plan Sheet Number	Plan Prepared By	Date of Latest Revision

By signing below, we confirm that the plan sheets listed above for the specified project are in conformance with the recommendations of the technical report prepared under our responsibility.

**Apply California State registered architect or engineer signature and stamp below (if applicable).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_