



County of Santa Cruz Planning Department

701 Ocean Street 4th Floor, Santa Cruz, CA 95060 | (831) 454-2260 | www.sccoplanning.com

Form
PLG-300

Consultant Plan Review Form

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

Project Information Permit #: _____

AB3002 Notice to Applicants for Commercial Building Permits: [AB3002](#)

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

Lic #: _____

Name: _____ Email: _____
Address: _____ Phone: _____

- Geotechnical Engineer Certified Arborist Civil Engineer
 Certified Engineering Geologist Qualified Biologist 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: _____