



**CITY OF FONTANA
DEPARTMENT of ENGINEERING**

Off-Site Improvement Plan Check Submittal Form

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

Project No: _____

Project Description: _____

Check Box

1. 3 Sets Street Plans
2. 3 Sets Storm Drain Plans
3. 2 Sets Street cross sections at 25' minimum intervals for any work joining or overlaying existing pavement.
4. 3 Sets Sewer Plans
5. 3 Sets Signing and Striping Plans (required w/1st submittal, for reference purposes only)
6. 2 Sets Street Light Plan
7. 2 Sets Rough Grading Plans and Erosion Control Plans (Ref. Only)
8. 2 Sets Final Parcel Map or Final Tract Map (Required on Parcel Map or Tract Map) (Ref. Only)
9. 2 Approved Stamped Tentative Map (TR & PM) or Approved Stamped Site Plan (DR, ASP) and Approved Stamped Utility Location Plan for fire Hydrants, street lights, etc..
10. 2 Sets Hydraulic and Hydrological Maps and Calculations
11. 1 Soils Report (Required on TR & PM) including R-Value
12. 1 Construction Cost Estimate (**using our forms and unit prices**) with Plan Check Fee Calculation Sheet.
13. 1 Check in the amount of:
\$ _____ Improvement Plan Check Fee
+ _____ Drainage Study Plan Check Fee
\$ _____ TOTAL
14. 1 Copy of the Approved Conditions of Approval
15. 1 Copy of all adjacent or reference plans used in the design and/or referenced on plans.
16. 1 Copy of any submitted related required land documents such as: lot line adjustments, quit claim deeds; right of way documents: sewer, storm drainage and easements.

**PLAN CHECK FEE
CALCULATION FORM
ENGINEERING/ LAND DEVELOPMENT**

Job Name: _____ Date Entered: _____

TRACT MAP/PARCEL MAP NO. _____

TRACT MAP... 1-10 LOTS = \$1,800 \$ _____

PLUS \$50 PER LOTS OVER 10 (___lots - 10 x \$50.00) = \$ _____

PARCEL MAP ... 1-5 PARCELS = \$1,800.00..... \$ _____

IMPROVEMENT PLAN

PLAN CHECK FEES (IMPROVEMENT PLANS) FOR EACH INDIVIDUAL MAP NUMBER

(Construction Cost Est.)	Base Amount	Percent
\$ 0 - \$ 25,000	\$ 340	+ 5.00% of construction cost estimate
\$ 25,001 - \$ 50,000	\$ 1,590	+ 4.00% cost over \$25,000
\$ 50,001 - \$ 150,000	\$ 2,590	+ 3.75% cost over \$50,000
\$ 150,001 - \$ 250,000	\$ 6,325	+ 3.50% cost over \$150,000
\$ 250,001 - \$ 500,000	\$ 9,775	+ 3.00% cost over \$250,000
\$ 500,001 - \$1,000,001	\$ 16,960	+ 2.50% cost over \$500,000
\$1,000,001 - Up	\$ 25,590	+ 2.00% cost over \$1,000,000

(Construction Cost Est. - Adj. Fee) (Percent) + (Plus Base Amount)
 (\$ _____ - \$ _____) (____%) + (\$ _____) =..... \$ _____

DRAINAGE STUDY PLAN CHECK FEES

0 - 150 ACRES\$1,200.00 + \$15.00/ACRE
 151 & OVER ACRES.....\$1,000.00 + \$10.00/ACRE

DRAINAGE STUDY \$ _____

GIS ARCHIVE FEE \$50/Sheet (\$50 x _____#sheets)..... \$ _____

ARCHIVING FEE – LAND DEVELOPMENT FILES \$ 30.00

TOTAL TRACT / PARCEL MAP & IMPROVEMENT PLAN CHECK FEE:..... \$ _____

REVISION TO EXISTING PLAN:

Public Improvement Revisions Review (For City Approved Plans) \$260.00/sheet..... \$ _____

**PLAN CHECK FEE
CALCULATION FORM
ENGINEERING/TRAFFIC SECTION**

Job Name: _____

Date Entered: _____

**TRAFFIC SIGNAL PLANS:
PER CONSTRUCTION COST ESTIMATE (SEPARATE SUBMITTAL REQUIRED)**

TRAFFIC SIGNAL IMPROVEMENT COST PER PLANS

(Construction Cost Est.)	Base Amount	Percent
\$ 0 - \$ 25,000	\$ 340	+ 5.00% of construction cost estimate
\$ 25,001 - \$ 50,000	\$ 1,590	+ 4.00% cost over \$25,000
\$ 50,001 - \$ 150,000	\$ 2,590	+ 3.75% cost over \$50,000
\$ 150,001 - \$ 250,000	\$ 6,325	+ 3.50% cost over \$150,000
\$ 250,001 - \$ 500,000	\$ 9,775	+ 3.00% cost over \$250,000
\$ 500,001 - \$1,000,001	\$ 16,960	+ 2.50% cost over \$500,000
\$1,000,001 - Up	\$ 25,590	+ 2.00% cost over \$1,000,000

(\$Construction Cost Est. - Adj. Fee) (Percent) + (Plus Base Amount)

(\$ _____ - \$ _____)(____ %) + (\$ _____) =..... \$ _____

Total Traffic Signal Improvement Plans Fee: =..... \$ _____

Signing and Striping Plans \$900 per Sheet (\$900 x _____#sheets)..... \$ _____

Traffic Control and Detour Plan \$900 per sheet(\$900 x _____#sheets)..... \$ _____

**CITY OF FONTANA
ENGINEERING LAND DEVELOPMENT SECTION**

**AGREEMENT FOR PAYMENT
OF COSTS FOR TIME AND MATERIALS IN CONJUNCTION WITH
4TH AND SUBSEQUENT PLAN/MAP REVIEW OF A PROJECT**

_____, who has been advised by the City of Fontana, Engineering Division, that 4th and subsequent plan/map reviews will be required for Tract/Parcel# or Design Review/Administrative Site Plan # _____, hereby pays a non-refundable plan check fee Time and Materials to the City of Fontana. Applicant agrees to pay such additional sums as may be billed monthly by the City for its fourth and subsequent review in accordance with Resolution No. 92-60, including the fees of consultants hired by the City as necessary to process the project.

Applicant shall pay in full all outstanding plan/map fees prior to scheduling for City Council final map acceptance.

It is the responsibility of the developer to submit plans that reflect all Planning Commission Conditions of Approval requirements. Any omission may cause additional delay and fees.

All submittals are processed through the Engineering Land Development Public Counter on a “first come, first serve” basis in accordance with the Engineering Public counter hour-schedule.

Dated: _____

Signed: _____

PLEASE SIGN AND RETURN to the City of Fontana, Engineering/Land Development Section Public Counter, 8353 Sierra Avenue, Fontana, California 92335.

**CITY OF FONTANA
ENGINEERING/ LAND DEVELOPMENT
PLAN CHECK APPLICATION AND FIRST SUBMITTAL REQUIREMENTS**

THIS FORM MUST BE SUBMITTED WITH FIRST PLAN CHECK

PROJECT INFORMATION	DATE
PARENT CASE # (TR, PM, CUP, A.S.P, DR., PMT NO.):	
DESCRIPTION/LOCATION: (MAP & PHASE # / NO. OF LOTS / STREET NAME(S))	

ENGINEER (NAME AS APPEARS ON LETTERHEAD)	
ADDRESS	
CITY/STATE/ZIP C ODE	
PHONE	CONTACT PERSON (LAST NAME / FIRST)

APPLICANT (NAME AS APPEARS ON LETTERHEAD)	
NOTE: THE APPLICANT WILL RECEIVE ALL BILLINGS, CORRESPONDENCE AND REFUNDS FOR DEPOSIT BASED FEES.	
ADDRESS	
CITY/STATE/ZIP CODE	
PHONE	CONTACT PERSON (LAST NAME / FIRST)

OWNER (NAME AS APPEARS ON LETTERHEAD)	
ADDRESS	
CITY/STATE/ZIP CODE	
PHONE	CONTACT PERSON (LAST NAME / FIRST)

BY: PRINT NAME	SIGNATURE	DATE

NOTE:

I, the undersigned engineer, do verify that all the items necessary for this project and checked above are attached.

Signature

Date

Name Printed or Typed

Civil Engineer's Stamp

(GM 2/11/14)