



Planning Department  
Permit Service Center

## **Application for Accelerated Plan Check**

The City of Berkeley Permit Service Center offers an enhanced service for expediting the plan review process for projects with a minimum valuation of \$100,000. With your acceptance of the following terms, the Permit Service Center will contact all the reviewing agencies to determine if your request can be met and approval obtained for expediting.

The normal review period for this project is 3 weeks or 6 weeks (15 workdays or 30 workdays). These review periods represent our goal. An “ACCELERATED” plan check will reduce the review period to 8 or 20 workdays for the initial review and 6 or 15 workdays for subsequent re-submittals. Assignment of the “RESPONSE DATE” will be based on the approval date of the respective reviewing agencies.

An additional 80% of the regular plan check fee will be applied to an approved Accelerated Plan Check Application project. Permit Service Center staff will determine status of your application within 24 hours of the submission of your plans and corresponding documents.

If you have questions regarding the Accelerated Plan Check process, please contact the Permit Center Coordinator at (510) 981-7501. Fees must be paid upon approval by all agencies for this service.



Building Permit Application Number: \_\_\_\_\_

## APPLICATION FOR ACCELERATED PLAN CHECK\*

Accelerated Plan Check Request for:

\_\_\_\_\_ **Address of Project**

\_\_\_\_\_ **Brief Description of Work**

Valuation \$ \_\_\_\_\_ **REGULAR BUILDING**  
Plan Check Fee \$ \_\_\_\_\_

**OTHER AGENCIES** \_\_\_\_\_ **ACCELERATED** \_\_\_\_\_  
Plan Check Fee \$ \_\_\_\_\_ Plan Check Fee \$ \_\_\_\_\_

**Total Plan Check Fee \$** \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No. \_\_\_\_\_

\* Reduced to 8 days for a 15-day review, 6 days for re-submittals  
Reduced to 20 days for a 45-day review, 15 day for re-submittals

**I am submitting the request to expedite the plan check process. I agree to pay the additional Plan Check Fees. I understand plan check fees are not refundable**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_