



City of Foster City

ESTERO MUNICIPAL IMPROVEMENT DISTRICT
610 FOSTER CITY BOULEVARD
FOSTER CITY, CA 94404-2299
(650) 286-3227 FAX (650) 286-3589

COMMUNITY DEVELOPMENT DEPARTMENT PLAN REVIEW ACCEPTANCE CHECK LIST FOR LIKE FOR LIKE RESIDENTIAL KITCHENS AND/OR BATHROOMS

All application submittals for residential kitchens and/or bathrooms which are, repaired or improved must contain the following **checked items**:

ALL APPLICATION SUBMITTALS MUST CONTAIN THE FOLLOWING

___ **4 sets of plans dimensioned containing the following:**

(Minimum size 8½X 11 inches)

___ The site or project address, including the unit or apt. number

___ The name, address and phone number of the owner

___ The name, address and phone number of the designer

___ The name, address and phone number of the contractor

___ A floor plan indicating the following:

___ Location and dimensions of existing and proposed room, counter, door & windows.

___ Location and dimension of plumbing fixtures.

___ Location of electrical outlets, switches, panels and fixtures.

___ Location and sizes of gas and water lines and fixtures

___ Location of appliances and mechanical equipment.

___ Location of exhaust fan in bathrooms