



## APPLICATION FOR STANDARD PLAN APPROVAL

(SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING THIS FORM)

### SECTION 1.

Standard Plan Approval (SPA) Requested:

*Check appropriate box(es):*

Type of Accessory Building or Structure

- |  |                                 |                                    |   |
|--|---------------------------------|------------------------------------|---|
| <input type="checkbox"/> Accessory Building or Structure | <input type="checkbox"/> Awning | <input type="checkbox"/> Cabana    | <input type="checkbox"/> Porch            |
| <input type="checkbox"/> Foundation System               | <input type="checkbox"/> Garage | <input type="checkbox"/> Enclosure | <input type="checkbox"/> Carport          |
| <input type="checkbox"/> Engineered Tiedown System       | <input type="checkbox"/> Ramada | <input type="checkbox"/> Other     | <input type="checkbox"/> Storage Building |

Service Requested:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal                  | <input type="checkbox"/> Resubmission |
| <input type="checkbox"/> Revision        | <input type="checkbox"/> Change of Name/Ownership |                                       |

Type of Unit:  Manufactured Home/Mobilehome  Commercial Modular

Drawing Number: \_\_\_\_\_

Model Number: \_\_\_\_\_

Product Name: \_\_\_\_\_

**Standard Plan Approval Number**  
*(If previously issued by the Department)*

\_\_\_\_\_

### DEPARTMENT USE ONLY

Collection No. \_\_\_\_\_

Date \_\_\_\_\_

Application Fee \$ \_\_\_\_\_

Renewal Fee \$ \_\_\_\_\_

Resubmission Fee \$ \_\_\_\_\_

Revision Fee \$ \_\_\_\_\_

Change of Name/  
Ownership \$ \_\_\_\_\_

Plan Approval Fee  
(First Hour) \$ \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_

### SECTION 2. APPLICANT INFORMATION

Applicant Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Architect/Engineer Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

License/Registration Number \_\_\_\_\_

### SECTION 3. APPLICANT CERTIFICATION

I hereby certify: (1) that the information I have provided is correct; (2) and that I will ensure that the manufacture and/or construction of this system is in compliance with the approved plan and the applicable provisions of Title 25, California Code of Regulations, Division I, Chapter 2.0 or 2.2. I understand that failure to comply with the terms of approval shall be cause for cancellation of the Standard Plan Approval.

Executed on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ (State)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

NOTE: Standard Plan Approval is valid only when the design is suitable for the locality. Two (2) copies of the approved plan shall be provided with each foundation system or engineered tiedown system sold, for the purpose of obtaining a permit to construct from the enforcement agency.

### DEPARTMENT USE ONLY

Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Standard Plan Approval Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

The Approved plans have been:  Returned to the applicant  Withheld pending payment of fees  Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS

Complete sections 1, 2, and 3. Submit this application with three (3) copies of the plan and two (2) copies of the calculations and appropriate fees as specified in Title 25, California Code of Regulations, Division I, Chapter 2, and/or 2.2, to the following address:  
*(Fees Due with this Application Are Not Subject to Refund)*

Department of Housing and Community Development  
Division of Codes and Standards  
9342 Tech Center Drive, Suite 550  
Sacramento, CA 95826

### **Section 1 - Accessory Building or Structure, Foundation System, or Engineered Tiedown System Information**

**Standard Plan Approval Requested:** Check the appropriate box to indicate the type of plan approval you are requesting; Accessory Building or Structure (Health and Safety Code §§18213 and/or 18862), Foundation System (Health and Safety Code §18551) or Engineered Tiedown System (Health and Safety Code §18613.4).

**Service Requested:** Check the appropriate box to indicate the type of service you are requesting. The following is a definition of the services provided:

- New Application - This is an application for a standard plan approval which is submitted for the first time.
- Renewal - This is an application for a renewal of a standard plan for which the Department has previously approved and issued a Standard Plan Approval number.
- Resubmission - This is an application that upon original submission was rejected and is now being resubmitted.
- Revision - This is an application to request a change or revision to an approved standard plan.
- Change of Name/Ownership - This is an application to report a change of the name of the applicant or the company from the name submitted on the original application for a Standard Plan Approval.

**Type of Unit:** Check the appropriate box to indicate if the Standard Plan Approval is being requested for Manufactured Home/Mobilehome, or Commercial Modular.

**Drawing Number:** Enter the drawing number as assigned by the applicant, manufacturer, distributor, etc.

**Model Number:** Enter the model number as assigned by the applicant, manufacturer, distributor, etc.

**Product Name:** Enter the name under which the product will be marketed.

**Standard Plan Approval Number:** If this application is for a renewal, revision or change of name/ownership, enter the Standard Plan Approval number previously issued by the Department.

### **Section 2 - Applicant Information**

Enter the name, address and telephone number of the applicant. The applicant is the party that is requesting the Standard Plan Approval (Manufacturer, Distributor, Contractor, etc.). Also enter the name, address and telephone number of the architect or engineer of record that designed the system. Enter the architect's California license number or engineer's California registration number.

### **Section 3 - Applicant Certification**

Enter the date, city and state where this document is completed and signed. The applicant is required both to print and to sign his/her name.

Upon receipt of the submitted plans, calculations, required fees and the Application for Standard Plan Approval (HCD 520), the Department will review and either;

1. Reject the application. If the application is rejected, the Department will return the submitted plans, calculations and Application for Standard Plan Approval (HCD 520) along with a notice advising the applicant of any necessary corrections for approval (one copy of the plans will be retained by the Department).

2. Approve the application. If the application is approved, the Department will return the submitted plans and the applicant copy of the Application for Standard Plan Approval (HCD 520). The HCD 520 will indicate the date the standard plan was approved, the Standard Plan Approval number, and the date the approval will expire. The plans returned to the applicant will bear a departmental stamp indicating the date of approval, date of expiration, Standard Plan Approval number and the signature of a Department representative.