



AB 253 Notification and Eligibility Checklist

This checklist is required to be completed for all residential building permit applications proposing to utilize the private plan check provisions of <u>AB 253 (Ward, 2025)</u>. This checklist must be submitted to <u>DSDMinisterialPM+AB253@sandiego.gov</u> when providing notification of the use of a private plan check provider. **This notification must be provided within 5 business days of the applicable trigger in Section 2.**

Details about the private plan check process are available on the Development Services Department (DSD) AB 253 webpage.

Applicant Name:	Project Number:
Project Address:	
Section 1: Project Type Select all that apply.	
$\ \square$ This is a ministerial building permit application for the purpose of α	onstructing new residential unit(s).
☐ The project is 100% residential (no commercial or mixed-use compo	onent).
☐ The total number of residential units proposed (new and existing) is between 1 and 10 units, inclusive.	
☐ The building has no floors used for human occupancy located more than 40 feet above ground level.	
If any box above is unchecked, the project does not qualify for AB 253.	
Section 2: Review Timing The following information is necessary to determine whether the project m	eets the required timelines for AB 253:
Date application was deemed complete://	
30 business days after the deemed complete date: / /	
Select which of the following applies:	
☐ The estimated timeframe exceeded 30 business days for one of the following disciplines (Combined, Electrical, Fire Alarm, Fire Suppression, HazMat, Mechanical, Smoke Control, Structural, Fire Plan) when the application was deemed complete.	
Estimated date provided://	Review Discipline:
☐ None of the following review disciplines (Combined, Electrical, Fire Alarm, Fire Suppression, HazMat, Mechanical, Smoke Control, Structural, Fire Plan) has provided comments or signed off within 30 business days from the date the application was deemed complete.	
If neither condition applies, the project does not qualify for AB 253.	
Section 3: Applicant Acknowledgments	
☐ Applicant acknowledges that the private plan check must follow the process delineated in AB 253 and DSD's <u>AB 253 webpage</u> .	
☐ Applicant acknowledges that private plan check may only be used for specified review areas, as provided in AB 253 and DSD's AB 253 webpage, and that a private plan check provider must review all specified review areas if applicant elects to pursue a private plan check.	
$\hfill \square$ Applicant acknowledges that applicable fees will be applied to proce meet the statutory review timelines of the Private Plan Check Report.	ess the project pursuant to the provisions of AB 253 and to
☐ Applicant acknowledges responsibility to indemnify the local agency for damage or injury arising from construction based on plans reviewed by the private plan check provider.	

Applicant Name (Please Print):

Applicant's Notification and Certification: This form serves as my notification to DSD that I am electing to retain a private plan check provider to review my building permit application consistent with the requirements of AB 253 (Ward, 2025) and the process outlined on the DSD AB 253 webpage.

I certify that the information in this form is correct and accurate to the best of my knowledge. I understand that the project will be processed and distributed for review based upon the information provided. If it is determined during project review that the information provided above is inaccurate, the application may be disqualified from using a private plan check provider.

Signature: Date: