



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

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Geologist Plan Review Form

Project Information:

Application Number: _____

Parcel # (APN): _____

Owner Name: _____

Project Address / Location: _____

Engineering Geology Report Information:

Company Name: _____

Name of Geologist Who Signed Report: _____

Date of Engineering Geology Report: _____

Date of Updates / Supplemental Info: _____

Project Plan Sheets Reviewed:

Plan Sheet Number	Plan Prepared By	Date of Latest Revision

The plans sheets listed above for the specified project are in conformance with the recommendations of the engineering geology report.

Geologist's Signature and Stamp

Date