

APPLICATION FOR PLAN REVIEW

Date

I. PROJECT LOCATION

Project Address		Plan review deposit received? \$150		
Name of Owner/Agent		Owner/Telephone		
Owner Address	City	State	Zip Code	

II. ARCHITECT OR ENGINEER

Name (company or individual)			License Number	
Owner Address	City	State	Zip Code	Telephone

III. TYPE OF JOB

Class of Work (check all that apply)

NEW BUILDING <input type="checkbox"/>	ADDITION <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	REPAIR <input type="checkbox"/>
RESIDENTIAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	INDUSTRIAL <input type="checkbox"/>	OTHER <input type="checkbox"/>