

**PLAN REVIEW SUBMITTAL FORM**

Submittal Date: ___ / ___ / ___

Project: Commercial Residential Master Plan Multi FamilyDescription: New Building Addition Remodel Tenant Finish

Project name: _____ Model # or Permit # _____

Project Address: _____

Owner/Contractor: _____ Phone: _____

E-mail _____

Contact Person _____ Phone: _____

E-mail _____

SUBMITTAL TYPE

(Check all that apply)

 New Project: _____ Additional Submittal: _____ Response to Comments: _____ Plan Revision: _____ Fire Sprinkler/Alarm: _____ Other: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Plans Examiner: _____ Date: _____

Fees Due: \$ _____