

**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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Plans Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Fees Due: \$ \_\_\_\_\_