

## APPLICATION FOR PLAN REVIEW

Date

### I. PROJECT LOCATION

Project Address		Plan review deposit received? <b>\$150</b>		
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)

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