



# Commercial Plan Review Application

All fields to be completed • Two Sets of Plans Required • Please allow 3-4 weeks for Plan Review

Date:	Project Name:	Project Cost:
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Address of Jobsite:

Description of Work:

Contractor (If not known, enter To Be Determined)		Phone#
Address		Fax#
City	State	Zip

Property Owner:	Phone #
Designer of Record:	
Who Should Plan Reviewer Contact with Questions?	
Email Address:	Phone #