



Project # _____

Tax Map# _____

COMMERCIAL BUILDING PLAN REVIEW APPLICATION

Project Name: _____ Date Submitted: _____

Project Address: _____ Zip _____ Suite#: _____

*4 Sets of plans Required

PLAN TYPE:

___ Existing Building with interior additions (upfit) ___ New Building with no interior additions (Shell)

___ New Building with completed interior ___ Exterior Addition to existing Building

___ Electrical/Mechanical/Plumbing plan submittal only ___ Other _____

Description of Proposed Work: _____

PROJECT COORDINATOR INFORMATION:

Company: _____ Contact Person: _____

Address: _____ State _____ Zip _____

E-mail: _____ Phone: _____

PROPERTY OWNER INFORMATION:

Name & Address: _____

E-mail: _____ Phone: _____

*Additional space is provided for Architect and Engineer information on back of form, if necessary.

TENANT INFORMATION:

Business Name: _____ Contact Person: _____

Phone: _____ E-mail: _____

Type(s) Use:

___ Retail Store ___ Storage/Warehouse ___ Factory/Industrial ___ Apartment

___ Business Office ___ Hazardous ___ Townhome ___ Educational

___ Assembly/Restaurant/Church ___ Institutional/Dependant Care

___ Other (please explain) _____

This application is for building plan review only. Once plans are approved, a permit application is required to start the permit process. Permit Applications require 1 to 2 days for processing.

ARCHITECT INFORMATION:

Company: _____ Contact Person: _____

Address: _____ State _____ Zip _____

E-mail: _____ Phone: _____

License# _____

ENGINEER INFORMATION:

Company: _____ Contact Person: _____

Address: _____ State _____ Zip _____

E-mail: _____ Phone: _____

License# _____

ENGINEER INFORMATION:

Company: _____ Contact Person: _____

Address: _____ State _____ Zip _____

E-mail: _____ Phone: _____

License# _____

OTHER:

Company: _____ Contact Person: _____

Address: _____ State _____ Zip _____

E-mail: _____ Phone: _____

License# _____