DI DC DEDMIT #.		DAME.	
BLDG PERMIT #:			
JOB ADDRESS:			
TENANT NAME:			
DESCRIPTION:			
APPLICANT NAME:			
COMPANY NAME:			
ADDRESS:			
	FAX#:		
EMAIL:		·	
BLDG USE ONLY	PLANS & DOCS RECEIVED		INDICATE QUANTITY BELOW
REVISION LETTER	REVISED PLAI	NS SUBMITTED	REV STRUCT CALCS
REVISED TRUSS CALCS	REVISED T-24 CALCS		ASSESSOR SET
Other info:		Submitted to:	
☐ BUILDING PLAN REVIEW		DUE DATE:	
CHECKED BY PLANCHECKER(s):		DATE:	
☐ APPROVED ☐	NOT APPROVED	PLAN REVIEW HOURS	
☐ PLANNING PLAN REVIEW	ZONE:	<b>DUE DATE</b> :	
CHECKED BY PLANCHECKER(s):		DATE:	
	APPROVED	☐ NOT APPROV	/ED
☐ ENGINEERING PLAN REV	IEW	DUE DATE:	
CHECKED BY PLANCHECKER(s):		DATE:	
	APPROVED	☐ NOT APPROVED	
I understand that I am responsible for all p approval plans not claimed and paid for widue will be initiated. I further understand	thin 180 days of notification	on will be disposed of and	an invoice procedure for the amount

Date

Applicant Signature