

Plan Review Submittal Application



Check One								
					For Office Use Only			
Kiva #: Reviewer:					Date:Initials:			
Project Name:					Permit:			
DEVELOPMENT INFORMATION								
ADDRESS:				BLDG #:	SUITE/SPACE #:	FLOOR #:	ZIP CODE:	
DESCRIPTION OF WORK:								
DESCRIPTION OF WORK:								
			# OF					
SQ. FT. :				STORIES:				
APPLICANT: (Contact Person)			Owner/Devel. Arch. Engr. Contractor					
FIRM NAME:								
ADDRESS:								
CITY:			STATE:			ZIP:		
TELEPHONE:			FAX:			Other:		
		at a d\.						
EMAIL (this is how you will be notified your plan	ns are comple	eleu).						
OWNER INFORMATION: (Busin	ness/Owner I	Name)						
CONTACT PERSON:			TELEPHONE:			FAX:		
ADDRESS:	CITY:	CITY:			STATE:	ZIP:		
CONTRACTOR INFORMATIO	N: (Busines	ss & Owner's	Name)		FIRE BUSINESS CER		DEN.	
CONTACT PERSON:			TELEPHO	TELEPHONE:		FAX:		
ADDRESS: CI						STATE: ZIP:		
		CITY:				STATE:	218:	
BUSINESS LICENSE #:	STATE TAX	STATE TAX #:			STATE LICENSE #:			