



Please submit to the AFP Office at 438 W. Adams Street, Phoenix, AZ 85003

Date: _____ Plan Log Number: _____
 AFP Facility Name: _____ AFP Facility #: _____
 Project/Tenant Name: _____ Billing Reference #: _____
 Project Address: _____
 Bldg #: _____ Floor #: _____ Suite/Space #: _____
 Project Valuation: _____ Project Sq. Footage: _____

Applicant:

Name: _____ Contact Number: _____
 Email Address: _____

Disciplines – check all that apply:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Structural – calcs | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire |

Description of Work:

Contractor Information:

Business Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 State Contractor's License (ROC): _____ State Tax #: _____
 Local Business (Phoenix PLT): _____

Owner Information:

Business Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Number: _____

TO BE COMPLETED AT TIME OF PICK-UP

Print Name: _____ Company Picking up Plans: _____
 Signature: _____ Date: _____