

## Annual Facilities Program Plan Review Transmittal Form

## 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 th	at apply:		
Architectural	☐ Plumbing	☐ Mechanical	
Structural – calcs	Electrical	Fire	
Description of Work:			
Contractor Information:  Business Name:			
Contractor Information:  Business Name: Street Address:			
Contractor Information:  Business Name: Street Address:			
Contractor Information:  Business Name: Street Address:			
Contractor Information:  Business Name: Street Address: City: State Contractor's License	State: e (ROC):		
Contractor Information:  Business Name: Street Address: City: State Contractor's License	State: e (ROC):	Zip: State Tax #:	
Contractor Information:  Business Name: Street Address: City: State Contractor's License Local Business (Phoenix Owner Information:	State: e (ROC):	Zip: State Tax #:	
Contractor Information:  Business Name: Street Address: City: State Contractor's License Local Business (Phoenix Downer Information:  Business Name:	State: e (ROC): PLT):	Zip: State Tax #:	
Contractor Information:  Business Name: Street Address: City: State Contractor's License Local Business (Phoenix December 1)  Owner Information:  Business Name: Street Address:	State: e (ROC): PLT):	Zip: State Tax #:	
Contractor Information:  Business Name: Street Address: City: State Contractor's License Local Business (Phoenix Downer Information:  Business Name:	State: e (ROC): PLT):	Zip: State Tax #:	
Contractor Information:  Business Name: Street Address: City: State Contractor's License Local Business (Phoenix  Owner Information:  Business Name: Street Address: City: Contact Person:	State: e (ROC): PLT): State:	Zip: State Tax #: Zip:	
Contractor Information:  Business Name: Street Address: City: State Contractor's License Local Business (Phoenix  Owner Information:  Business Name: Street Address: City: Contact Person:	State: e (ROC): PLT): State:	Zip: State Tax #:	

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.

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