



Community Development Department

Plan Submittal Sheet

Fire Dept. Email Date _____
 Zoning Review Due _____
 Building Review Due _____
 Engineering Due _____
 CBO Review Due _____

To be completed by the qualified individual taking responsibility for having the plans correctly submitted.

PLEASE PRINT CLEARLY

Permit / Application # _____ Date _____
 Project Name / Address _____
 Company Name _____
 Contact Phone # _____ Fax # _____
 Contact Email _____

Type of Submittal

- | | | | |
|---|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Original Submittal | <input type="checkbox"/> Revision of Approved Plans | | |
| <input type="checkbox"/> Response to Plan Review Letter | Change to Square Footage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Additional Information for Permits in Review | Change to Site Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Exterior Equipment moved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Change to Landscaping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Change to Exterior Elevation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Fee Schedule

Fees Due at time of submittal for Residential Plan Review	Building revision	50.50
	Zoning revision	15.00

Commercial fees are charged per hour and will be due at the time of pick up

Plans Letter Plan Sheet and response letters provided

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Cover letter / Scope of changes (required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Title Sheet / Index (required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Architectural |
| <input type="checkbox"/> | <input type="checkbox"/> | Civil |
| <input type="checkbox"/> | <input type="checkbox"/> | Planning |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural / Floor Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Resistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Alarm |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Suppression |
| <input type="checkbox"/> | <input type="checkbox"/> | Life Safety |
| <input type="checkbox"/> | <input type="checkbox"/> | Accessibility |
| <input type="checkbox"/> | <input type="checkbox"/> | Energy Code Compliance |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Inspections (as required by OBC) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

Name of contact person (print) _____
 Signature _____