



## PRE-PLAN REVIEW

Permit Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Building Department	Approved	Denied	Date	Initial
Structural				
Plumbing				
Electrical				
Mechanical				
Fire				

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*PLEASE NOTE: PRE-PLAN REVIEW WILL BE COMPLETED BY BUILDING DEPARTMENT REVIEWERS ONLY\***