



PLAN REVIEW APPLICATION

(For use by Code Review Services only)

All information on this application must be completed

Use N/A for non-applicable items

DATE _____ APN _____

JOB SITE ADDRESS _____ UNIT (S) # _____

DETAILED DESCRIPTION OF WORK _____

PROPERTY OWNER _____ PHONE # _____

NAME OF TENANT _____ PHONE # _____

TYPE OF BUSINESS _____

CONTRACTOR NAME _____ LICENSE # _____

APPLICANT _____

ADDRESS _____

CITY/STATE/ZIP _____

PERSON RESPONSIBLE FOR PLANS _____

RELATION TO PROJECT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ FAX # _____

APPLICANT SIGNATURE _____