

PLAN REVIEW CHECK LIST

Rev. 07/28/2022

*Required information

*Project total Cost \$ _____ Permitted Items Cost \$ _____

*Description of Project: SFD ___ 2FD ___ Townhouse ___ ___ Stories: 1 ___ 2 ___ 3 ___

*Address _____

Legal Description _____

*Owner _____ Phone No. _____

*Building Contractor _____ Ph. No. _____

Email address of Contractor _____

*Designer _____

*Date Submitted: ___/___/___

*Electrical Contractor _____

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*Mechanical Contractor _____

*System Type: Forced Air _____ Geo _____ In-Floor _____

Fireplace(s) _____ (Fuel type) Gas LP Solid Fuel

*Plumbing Contractor _____

Square footage

1st Floor New _____ Remodel _____ Storage _____

2ND Floor New _____ Remodel _____ Storage _____

Basement New _____ Remodel _____ Storage _____ Un-Finished _____

Garages Attached _____ Detached _____ Basement _____

3-Season Room _____ 4-Season Room _____

Open Deck _____ Covered Deck _____

Portico _____ Open Stoop _____

Driveway Sq. Ft. _____ Siding _____ Roofing _____

2012 International Energy Code Compliant: _____