

DEPARTMENT OF PUBLIC WORKS

Building Inspection Division



**PLAN REVIEW APPLICANT INFORMATION SHEET**

DATE \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

CONTACT TELEPHONE \_\_\_\_\_

CONTACT FAX NUMBER \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

DESIGN PROFESSIONAL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_