

PLAN REVIEW CHECK LIST

Rev. 06/09/2020

*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 _____

Plan review #2020 - _____

*Mechanical Contractor _____

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

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

*Plumbing Contractor _____

| | | | |
|-----------------------|----------------|----------------|---------------------------------|
| Square footage | | | |
| 1 st Floor | New _____ | Remodel _____ | Storage _____ |
| 2 ND 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: _____