



OFFICE USE ONLY

SUBMITTED: _____

INTAKE DATE: _____

EST #: _____

ELECTRONIC PLAN REVIEW INTAKE REQUEST FORM

PROJECT INFORMATION:		
Project Name:		
Project Address:		
Tax Assessor Parcel Number(s):		

OWNER INFORMATION:			
Name:		Phone:	
Street:			
City/State/Zip:		Email:	

CONTACT PERSON:			
Name:		Phone:	
Street:			
City/State/Zip:		Email:	

DESCRIBE THE PROPOSED PROJECT:

HAVE YOU HAD A PRE-APP WITH US? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
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Signature by Owner/Agent: _____ Date: _____

THIS SECTION – FOR CITY USE ONLY

STAFF SCHEDULED:	_____ PLANNING _____	_____ ENGINEERING _____	_____ BUILDING _____
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