



OFFICE USE ONLY

SUBMITTED: _____

INTAKE DATE: _____

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? _____			

Signature by Owner/Agent: _____ Date: _____

THIS SECTION – FOR CITY USE ONLY

STAFF SCHEDULED: PLANNING ENGINEERING BUILDING