

INTERIOR PERMIT REVIEW SHEET

Date: _____

Project Name: _____

Project Address / Location: _____

Zoning: _____ Square Footage: _____

Owner: _____

Address: _____

Phone #: _____

Contractor: _____

Address: _____

Phone #: _____ Email Address: _____

Contact Person: _____ Phone #: _____

Email Address: _____

What Is The Nature Of The Business _____

Have Plans Been Reviewed by Fire Marshal? _____

How Many Sets Of Plans Are You Submitting? _____

Is The Project Going To Be A Restaurant _____

If So, Do You Have Approval From The Health Department? _____

OFFICE USE ONLY

Gas _____ Water _____ Electric _____
Sewer _____ Septic _____

Signature and Date of Person Receiving Plans In Office _____