



PLANS APPROVAL ROUTING SHEET

PARCEL # _____

APPLIED # _____ CLERK _____ DATE _____

DATE RECEIVED: _____ CONTRACT VALUE: _____

INTENDED USE: _____ REVIEW FEE: _____

PROJECT NAME: _____

PLANS SUBMITTED BY: _____

PHYSICAL LOCATION: _____

CONTACT INFORMATION:

NAME: _____ ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

HEALTH DEPT: APPROVED _____ DISAPPROVED _____

APPROVED BY: _____

COMMENTS: _____

PUBLIC SAFETY:

REVIEWED BY: _____ DATE IN _____ DATE OUT _____

CONDITIONS ON PLANS: YES _____ NO _____

APPROVED _____ DISAPPROVED _____

COMMENTS: _____

PLANNING DIVISION: Impact Fee _____

BUILDING DIVISION :

DATE RECEIVED: _____ REVIEWED BY: _____

SCOPE ON PLANS: YES _____ NO _____

ELECTRICAL SCOPE SHOWN ON PLANS _____ Y/N

SIZE OF SERVICE _____ VALUE _____ *NOTE: IF > OR = 800 AMPS OR 50,000 SEALED PLANS REQUIRED

PLUMBING SCOPE SHOWN ON PLANS _____ Y/N

NUMBER OF FIXTURES _____ VALUE _____ *NOTE: IF > OR = 250 FIXTURES OR 50,000 SEALED PLANS REQUIRED

MECHANICAL SCOPE SHOWN ON PLANS _____ Y/N

SYSTEM TONNAGE _____ VALUE _____ *NOTE: IF > OR = 15 TONS OR 50,000 SEALED PLANS REQUIRED

APPROVED _____ DISAPPROVED _____

COMMENTS: _____