

COMMERCIAL PLAN DATA SHEET

SITE/DRAINAGE PLAN _____ RECEIVED BY: _____

BUILDING PLANS _____ RECEIVED BY: _____

FOUNDATION PLAN _____ RECEIVED BY: _____

FLOOR PLAN _____ RECEIVED BY: _____

ADDRESS: _____

TYPE OF CONSTRUCTION: NEW REMODEL ADDITION

OWNER AND/OR NAME OF BUSINESS: _____

OWNER'S PHONE NO. _____

CONTRACTOR NAME & PHONE NO. _____

ARCHITECT NAME & PHONE NO. _____

ENGINEER NAME & PHONE NO. _____

FLOOD ZONE: _____ IF YES, FLOOD ELEVATION CERT. RECEIVED? _____

PROPERTY ZONING: _____

WET STAMP COPY RECEIVED: YES _____ NO _____

COMMERCIAL PLAN REVIEW FEE PAID: _____

DEPARTMENT OF HEALTH APPROVAL RECEIVED: _____

KNOX BOX REQUIRED: (CHECK WITH FIRE DEPT.) _____

COMMENTS: _____

INSPECTOR SIGNATURE

FIRE DEPARTMENT SIGNATURE