

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