

RESIDENTIAL PLAN REVIEW CHECKLIST

DATE SUBMITTED: _____

VALUE OF PROJECT: _____

CONTRACTOR NAME & PHONE NUMBER: _____

CONTRACTOR EMAIL ADDRESS: _____

OWNER NAME & PHONE NUMBER: _____

OWNER EMAIL ADDRESS: _____

PROJECT ADDRESS: _____

PROJECT DESCRIPTION: _____

	APPROVED	DISAPPROVED	C OF O RECEIVED	INITIALS	DATE	COMMENTS
BUILDING						
HISTORICAL						
FLOOD ZONE						
PUBLIC WORKS						
PLAN & ZONING						
SETBACKS						

BP _____ EP _____ FP _____ MP _____ PP _____ LD _____
