

PLAN REVIEW DEPOSIT FEES

COMMERCIAL

New construction or additions to existing buildings (3 or more disciplines)	\$250.00
Renovations or alterations to existing buildings (3 or more disciplines)	\$175.00
Single discipline (each, maximum 2 disciplines)	\$75.00

RESIDENTIAL AND OTHER

New construction or additions to existing buildings	\$100.00
Renovations or alterations to existing homes; pools, garages, mobile homes, carports, decks and all others	\$50.00

All deposits are non-refundable

CMI # _____ (to be filled in by CodeMaster)

PLAN REVIEW APPLICATION

CHECK ALL THAT APPLY:

- | | |
|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> RENOVATION | <input type="checkbox"/> RESIDENTIAL |
| <input type="checkbox"/> ALTERATION | |

GENERAL INFORMATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

MUNICIPALITY: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____ FAX: _____ EMAIL: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE: _____ FAX: _____ EMAIL: _____

PROJECT INFORMATION

USE GROUP: _____ PROPOSED WORK: _____

CONSTRUCTION TYPE: _____

NUMBER OF STORIES: _____ ESTIMATED PROJECT COST: \$ _____

PROJECT SQ.FT.: _____ ACCESSIBILITY COST: \$ _____

SERVICE REQUESTED

- | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> PRELIMINARY PLAN REVIEW | |
| <input type="checkbox"/> COMPLETE REVIEW (includes Building, Mechanical, Plumbing, and Electrical) | |
| <input type="checkbox"/> BUILDING REVIEW | <input type="checkbox"/> SPRINKLER REVIEW |
| <input type="checkbox"/> MECHANICAL REVIEW | <input type="checkbox"/> ENERGY REVIEW |
| <input type="checkbox"/> PLUMBING REVIEW | <input type="checkbox"/> ACCESSIBILITY REVIEW |
| <input type="checkbox"/> ELECTRICAL REVIEW | <input type="checkbox"/> HAZARDOUS MATERIALS REVIEW |

(A DEPOSIT IS REQUIRED FOR ALL PLAN REVIEW SERVICES)

Deposit: \$ _____ Check #: _____ Received By: _____

The information contained in this application is true and accurate to the extent of my knowledge.
The attached review instructions have been read and are understood.

SIGNATURE: x _____ PRINT NAME: _____ DATE: _____

— INSPECTOR USE ONLY —

INSPECTOR: _____ DATE: _____ APPROVED / DENIED: _____

INSPECTOR: _____ DATE: _____ APPROVED / DENIED: _____