



SUBMITTAL FOR MASTER PLANS

Contractor: _____ License No. _____

Contractor Address: _____

Contact Person: _____ Contractor Phone: _____

Email Address: _____

Model Name: _____ Project Name: _____

(If Applicable)

Do Not Write Below This Line

Sub Information	Plan Review
Electric Amps: _____	Approved by: _____ Date _____
Plumbing: _____	SBC Occupancy Class: _____
A/C Seer: _____ kW _____ Ton _____	Type of Construction: _____
Roof Type: _____	Number of Stories: _____
Fire Sprinkler, Alarm, Monitor <input type="checkbox"/> YES <input type="checkbox"/> NO	Building Height: _____ Area: _____
	Threshold Building: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Threshold Package Included: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Shell Building: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Inspector Certificate No.: _____
	Linear Ft. No. _____ of Units _____
	Proposed Construction Value
	L.A. _____ Sq.Ft. @ \$ _____ /Sq.Ft. = \$ _____
	O.A. _____ Sq.Ft. @ \$ _____ /Sq.Ft. = \$ _____
	Total _____ Sq. Ft. Total Value = \$ _____
	Radon Exempt <input type="checkbox"/> YES <input type="checkbox"/> NO
	Flood Exempt <input type="checkbox"/> YES <input type="checkbox"/> NO

Notes: _____

Applicant Signature

Print Name

Date