



CONCIERGE PLAN REVIEW
REQUEST APPLICATION & SCHEDULING CONFIRMATION

OFFICE USE:

An Express Plan Check Session has been scheduled:

Table with 3 columns: Date, Day, Time

Project Name:
Project Address:
Contact Person name:
Company Name:
Email Address:

Application Date:
Folio Number:
Phone Number:
Mobile Number:

Meeting Type Request:

- Pre-submittal, Submittal, Rework

List of design professionals for this project. The below individuals must be in attendance at the meeting.

Table with columns: Profession, Name, Discipline Requested for meeting (Yes/No)

Occupancy Class: Assembly, Business, Educational, Factory & Industrial, Institutional, Mercantile, Storage, Other

Number of stories: Overall Building Sq. Ft.: Sq. Ft. to be review:

Type of Construction: I-A, I-B, II-A, II-B, III-A, III-B, IV, V-A, V-B

Description of proposed work

Horizontal lines for description of proposed work

Is the building equipped with an automatic sprinkler system?
Does the building have a standpipe?
Does the building have a fire pump?
Have plumbing fixture calculations been provided?
Does the building have a grease trap or separation?
Are you adding or improving any parking space, driveway, sidewalk, walkway ramp?

Type of System:

Does the Building have a fire alarm?
If yes, is the pump new or existing?

Staff Use:

Staff Use section with horizontal lines

Start Time: P.M. End Time: P.M. Total Time: Hours Amount paid with application: \$ Amount due: \$ Approved by: