



CONCIERGE PLAN REVIEW
REQUEST APPLICATION & SCHEDULING CONFIRMATION

OFFICE USE:

A Concierge Session has been scheduled:

Date	Day	Time

Project Name: _____
 Project Address: _____
 Applicant name: _____
 Applicant Company Name: _____
 Applicant Email Address: _____
 Project Coordinator Name: _____
 Project Coordinator Email Address: _____

Application Date: _____
 Folio Number: _____
 Phone/Mobile Number: _____
 Phone/Mobile Number: _____
 Phone/Mobile Number: _____

Meeting Type Request:

- Presentation* *Pre-submittal* *Submittal* *Rework*

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

<u>Profession</u>	<u>Name</u>	<u>Discipline Requested for meeting.</u>	
		<u>Yes</u>	<u>No</u>
Architectural	_____	<input type="checkbox"/>	<input type="checkbox"/>
Structural	_____	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	_____	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm	_____	<input type="checkbox"/>	<input type="checkbox"/>
Owner	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

	<u>Yes</u>	<u>No</u>
Is the building equipped with an automatic sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the building have a standpipe?	<input type="checkbox"/>	<input type="checkbox"/>
Does the building have a fire pump?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any existing trees on site?	<input type="checkbox"/>	<input type="checkbox"/>
Does the building have a grease trap or separation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you adding or improving any parking space, driveway, sidewalk, walkway ramp?	<input type="checkbox"/>	<input type="checkbox"/>

Type of System:
 Does the Building have a fire alarm? *Yes* *No*
 If yes, is the pump new or existing? *New* *Existing*
 New or changing paving & drainage system? *Yes* *No*
 Has the site obtain Zoning Approval? *Yes* *No*
 Does the site require a Water & Sewer Main Extension? *Yes* *No*

Staff Use:

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