

(Date Stamp)

Master #: _____

**Request to Master Plans
for Single Family Residence**

**Contractor to submit 2 complete sets of plans for initial review.

Contractor Name: _____

License Holders Name: _____

Model Name (as shown on plans): _____

Contact person: _____

Contact phone number: _____

Person submitting: _____

Signature: _____

Review fee: \$120.00 to be paid upon submittal

CSR: _____

Office use only:

Approved Date: _____ __ Building __ Zoning Approved by: _____

Rejected Date: _____ __ Building __ Zoning Rejected by: _____

If Rejected:

Resubmit Date: _____ Time: _____ Taken in by CSR: _____

Released by: _____ Date: _____ Issued by: _____ Date: _____