



**Building and Mechanical Only**

**Over-the-Counter (OTC) Plan Review Request Form**

Date of request: \_\_\_\_\_ Permit Application #: \_\_\_\_\_ Addendum \_\_\_\_\_

Job Address: \_\_\_\_\_

Reason for Request: Main criterion for OTC review is no more than one hour per review station

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- Must pick up plans no later than 2:00 PM
- Must return plans to 2<sup>nd</sup> floor the same day
- Plan review must be completed within 2 weeks
- Valid government-issued ID required

**Must check all boxes and sign form for processing**

Signature: \_\_\_\_\_

**Approved for:**

ARCHITECTURAL  STRUCTURAL

By: \_\_\_\_\_

Date: \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

MECHANICAL

By: \_\_\_\_\_

Date: \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_