



Building and Mechanical Only

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

Architectural Structural Mechanical

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 2nd 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: _____
