

APPLICATION FOR PLAN REVIEW

Plan No. _____

**Building and Land Use Services Division
Public Works Department
City of Tacoma**

Receipt No. _____

Building Address _____		Owner _____ Address _____ Zip _____ Tel. No. _____ Fax No. _____ E-mail _____	
ARCHITECT		LEGAL DESCRIPTION	
	Name _____	Subdivision _____	
	Address _____	Lot No. _____ Block _____	
	City _____ State _____ Zip _____	_____	
Tel. No. _____ Fax No. _____	_____		
E-mail _____	_____		
ENGINEER		Tax Parcel # _____	
	Name _____	ENVIRONMENTAL CHECKLIST	
	Address _____	Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
	City _____ State _____ Zip _____	Filed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tel. No. _____ Fax No. _____	CONCURRENCY		
E-mail _____	Required Yes <input type="checkbox"/> No <input type="checkbox"/>		
CONTRACTOR		Has application been made? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name _____	Has application been granted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address _____	ZONING	
	City _____ State _____ Zip _____	District _____	
Tel. No. _____ Fax No. _____	Overlay (if applicable) _____		
E-mail _____	PLAN REVIEW FEE \$ _____		
State License No. _____	Plan review fee is calculated at the following rate:		
New business <input type="checkbox"/> Change to existing business <input type="checkbox"/>		The Plan review fee shall be sixty five percent (65%) of the cost of the construction permits.	
CLASSIFICATION OF WORK		The plan review fee shall be paid at the time of submittal for all work evaluated at \$50,000.00 or more.	
Type: New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/>		Any discrepancies between the plan review fee calculated at the time of submittal and the actual plan review fee shall be corrected at the time the permit is issued. The plan review fee for all work evaluated at less than \$50,000.00 shall be paid at the time the construction permit is issued.	
Valuation _____ Add'n _____ Rem. _____			
Use _____			
No. of floors _____ No. units (apt.) _____			
Floor area: Each floor _____			
Total _____			
Building Height _____ Feet _____ Stories			
Bsmt. Yes <input type="checkbox"/> No <input type="checkbox"/> Size of lot _____			
No. of buildings now on lot _____			
Type of heat: Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>			
Other _____			
BUILDING CLASSIFICATION			
1. <u>Type of Construction</u> IA, IB, IIA, IIB, IIIA, IIIB, IV-HT, VA, VB			
2. <u>Occupancy Group</u> A B E F H I M R S U LC Division: 1 2 3 4 5			
3. <u>Automatic fire extinguishing system:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>Automatic fire alarm system:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			

I hereby acknowledge that I have read this application and state that the above is correct and that I agree to comply with all City ordinances and State laws regulating building construction.

Signature of Applicant _____
Date

Contact Person (please print) _____ Tel. No. _____
Mailing Address _____ City _____ State _____ Zip _____
E-mail _____ Fax No. _____