



## EXPEDITED PLAN REVIEW REQUEST FORM

### PROJECT INFORMATION

Project Name:

Description of Work:

Parcel No. (s):

Project Address:

### CONTACT INFORMATION

**Applicant:**

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

### Design Professionals

Company Name	Contact Name	Discipline	Phone	Email

**This request is not guaranteed and is subject to staff availability and approval by the Building Official.**

### OWNER/APPLICANT AUTHORIZATION

I hereby certify that the information set forth in this application is true and correct to the best of my knowledge and that I am either the owner of the property or that I have been authorized in writing by the owner to file this application. (If applicant is not the owner, attach written authorization from the owner.)

Applicant Name (PRINT)

Signature

Date

### FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_

Approved for:

- Option 1 – Review to be completed in \_\_\_\_\_ working days  
Plan review fee + 50% of plan review fee = Expedited Review Fee
- Option 2 – Review to be completed in \_\_\_\_\_ working days  
Plan review fee + 50% of plan review fee = Expedited Review Fee

Not Approved

Building Official Signature: \_\_\_\_\_

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