



PLAN REVIEW ROUTE SLIP



ROOM	DEPARTMENT / OFFICE	DATE	INITIAL	MASTER # _____
407	ZONING USE _____	_____	_____	PERMIT # _____
	EXISTING USE _____			INDEX # _____
	PROPOSED USE _____			ADDRESS: _____
	<input type="checkbox"/> CONFORMING USE	<input type="checkbox"/> NON-CONFORMING USE		OWNER: _____
				ADDRESS: _____
				PHONE: _____
400	ENGINEERING	PLAN REVIEW	PERMIT (Y/N)	PERMIT # ISSUED
	<input type="checkbox"/> Flood Control	_____	_____	_____
	<input type="checkbox"/> Sidewalk	_____	_____	_____
	<input type="checkbox"/> Curb Cut / Driveway	_____	_____	_____
	<input type="checkbox"/> Storm Drainage	_____	_____	_____
	<input type="checkbox"/> Storm Water Management	_____	_____	_____
	<input type="checkbox"/> Storm Water Quality (MS4)	_____	_____	_____
	<input type="checkbox"/> Sanitary Connection	_____	_____	_____
	<input type="checkbox"/> Street / ROW Cut	_____	_____	_____
	<input type="checkbox"/> DEP Sewer Planning Module	_____	_____	_____
	<input type="checkbox"/> Special Conditions	_____	_____	_____
	<input type="checkbox"/> Eng. Route Slip Approval Complete	_____	_____	_____
	<input type="checkbox"/> _____	_____	_____	_____
				CONTACT: _____
				PHONE: _____
				Plans Submitted On: _____ / _____ / _____
				Approved: _____
				Total Cost: \$ _____
				Permit Fee: \$ _____
				NOTES:
407	PLUMBING INSPECTION	DATE	INITIAL	
	<input type="checkbox"/> Name Plumbing Contractor	_____	_____	

	<input type="checkbox"/> Interior Drainage	_____	_____	
	<input type="checkbox"/> _____	_____	_____	
407	BUILDING INSPECTION	DATE	INITIAL	PLANS:
	<input type="checkbox"/> Electrical Contractor	_____	_____	Submitted on: _____ / _____ / _____
	<input type="checkbox"/> HVAC Contractor	_____	_____	Approved: _____
	<input type="checkbox"/> General Contractor	_____	_____	