

**CITY OF ANDERSON
PLAN REVIEW TRACKING SHEET**

PLAN REVIEW # _____
(please enter this # in the permit notes)

TODAY'S DATE: _____ TIME: _____

JOB NAME: _____

JOB ADDRESS: _____

BRIEF DESCRIPTION OF WORK: _____
(i.e.; tenant upfit, new construction, site plans)

RESIDENTIAL: _____ COMMERCIAL: _____

CONTACT NAME: _____ CONTACT #: _____

CONTRACTOR: _____ CONTACT #: _____

PLAN TYPE: _____ SHEET _____ ROLL _____ # OF SETS SUBMITTED: _____

.....
FOR OFFICE USE ONLY
.....

CONTACT DATE: _____ CONTACT TIME: _____

CONTACTED BY: _____ CONTACT NAME: _____
.....

STATUS OF PLANS

___ PLANS ARCHIVED

___ READY FOR PERMITTING (APPROVED BY ALL DEPARTMENTS)

Building: _____
Engineering: _____
Planning: _____
Water/ Sewer: _____

PLEASE SPECIFY THE TYPE OF PERMIT TO BE ISSUED:

Check all that apply:

GRADING: _____
(Including Site Plan Review & Site Work Permits)

BUILDING: _____

SPRINKLER: _____

FIRE ALARM: _____

OTHER: _____

___ REVISIONS - NO PERMIT REQUIRED (PICK-UP ONLY)

___ OTHER - _____