



# Code Inspections, Inc.

605 Horsham Rd  
Horsham, Pa. 19044  
215-672-9400  
Fax: 215-672-9736

## PLAN REVIEW APPLICATION

**Note: 3 sets of plans are required/one set shall be retained by CII for file purposes, the other 2 sets will be returned to Applicant**

**To Be Filled out by Applicant:**

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ APPLICATION DATE: \_\_\_/\_\_\_/\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

OWNER: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Who shall we contact if there are questions? \_\_\_\_\_ Phone # \_\_\_\_\_

Who shall we contact for pick up and fee's? \_\_\_\_\_ Phone # \_\_\_\_\_

**Plans to be reviewed for: (Check all that apply)**

- Building                       Plumbing                       Mechanical
- Electrical                       Fire                               Accessibility

**TYPE OF WORK AND DESCRIPTION OF BUILDING USE MUST BE FILLED OUT COMPLETELY**

**TYPE OF WORK OR IMPROVEMENT (Check One)**

- New Building                       Addition                       Alteration                       Repair                       Change of Use                       Other

Describe the proposed work:

**DESCRIPTION OF BUILDING USE (Check One)**

RESIDENTIAL

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)

Change in Use:                       YES                       NO

NON-RESIDENTIAL

Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

If YES, Indicate Former: \_\_\_\_\_

The applicant certifies that all work will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of notifying Code Inspections, Inc. when ready for all required inspections indicated above.

**All CII fee's must be paid in full before plans are released.**

Signature of Owner or Authorized Agent:	Print Name of Owner or Authorized Agent:
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**To be filled out by Plan Reviewer:**

Signature of <b>Building</b> Plan Reviewer:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of <b>Electrical</b> Plan Reviewer:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of <b>Plumbing</b> : (specify) _____ Plan Reviewer:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of <b>Mechanical</b> Plan Reviewer:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of <b>Accessibility</b> Plan Reviewer:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of <b>Fire</b> Plan Reviewer:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Contact Called: ___/___/___		<b>Total Fee's due: \$</b> _____	