



FORM-039

Project Application Intake-Issuance Checklist

GENERAL INFORMATION		DATE	PLAN CHECK (initials)	PERMIT TECH (initials)
PROJECT ADDRESS (not mailing address):			PROJECT NAME (if any):	
PROJECT NUMBERS (list all applicable):				

DEPARTMENT/AGENCY	REQUIRED	OK TO SUBMIT (name)	OTC REVIEWER (name)		OTC STATUS
Building Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N/NR		<input type="checkbox"/> OTC		<input type="checkbox"/> CORR <input type="checkbox"/> APPR
Planning Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N/NR		<input type="checkbox"/> OTC		<input type="checkbox"/> CORR <input type="checkbox"/> APPR
MWELo Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				
Fire Plan Review *	<input type="checkbox"/> Y <input type="checkbox"/> N/NR*		<input type="checkbox"/> OTC		<input type="checkbox"/> CORR <input type="checkbox"/> APPR
Health Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				
Electrical Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				
Mechanical Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				
Plumbing Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				
Public Works Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				
Oilwell Plan Review	<input type="checkbox"/> Y <input type="checkbox"/> N				

NEW ADDRESS	REQUIRED	DATE ASSIGNED	COMMENTS
APP-015 Address Assignment Application	<input type="checkbox"/> Y <input type="checkbox"/> N		

PERMIT APPLICATIONS TO BE CREATED DURING INTAKE									
<input type="checkbox"/> BNEW	<input type="checkbox"/> BADD	<input type="checkbox"/> BRMD	<input type="checkbox"/> BGRD	<input type="checkbox"/> BCEL	<input type="checkbox"/> BFEN	<input type="checkbox"/> BSGN	<input type="checkbox"/> BAWN	<input type="checkbox"/> BDEM	<input type="checkbox"/> HLTH
<input type="checkbox"/> BELE	<input type="checkbox"/> BMEC	<input type="checkbox"/> BPLM	<input type="checkbox"/> BFFS	<input type="checkbox"/> BMSC	<input type="checkbox"/> FALM	<input type="checkbox"/> FSPK	<input type="checkbox"/> FHDS	<input type="checkbox"/> FTNK	<input type="checkbox"/> FMSC

* **N/NR** – All autoloated Fire Plan Review fees shall be deleted and fees recalculated by PT Staff during INFOR application creation and prior to any fee payments, when “N/NR” is marked or Fire NR conditions listed in INFOR apply.

