

CITY OF WESTOVER APPLICATION

PLAN REVIEW

Submittal Date _____

Type of Work: ___ Demo ___ Asbestos ___ New SFD ___ New COMM ___ Garage
___ Addition ___ Deck ___ Sprinkler ___ Fire Alarm ___ Grading
___ Remodel or Repair ___ Shed ___ Other _____

Property Information:

Street Address (where work will be done): _____

Square ft. of Build _____ Cost of Project \$ _____ Sprinkler Head Count _____

SIGNATURE OF APPLICANT: _____ PRINT NAME: _____

ADDRESS OF APPLICANT: _____

Contact EMAIL: _____ Contact Phone: _____

COMMENTS: _____

OFFICE USE ONLY

Application Processed By: _____ Date: _____

Total Fee: \$ _____