



Code Inspections, Inc.

603 Horsham Rd
Horsham, Pa. 19044
215-672-9400
contact@codeinspections.net

PLAN REVIEW APPLICATION

Note: All plans must be emailed to contact@codeinspections.net in a PDF format

To Be Filled out by Applicant:

County: _____	Municipality: _____	APPLICATION DATE: ____/____/____
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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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire | <input type="checkbox"/> 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)

<u>RESIDENTIAL</u> <input type="checkbox"/> One-Family Dwelling (R-3) <input type="checkbox"/> Two-Family Dwelling (R-3) Change in Use: <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>NON-RESIDENTIAL</u> Specific Use: _____ Use Group: _____ If YES, Indicate Former: _____
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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 Building Plan Reviewer: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of Electrical Plan Reviewer: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of Plumbing : (specify) _____ Plan Reviewer: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of Mechanical Plan Reviewer: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of Accessibility Plan Reviewer: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Signature of Fire Plan Reviewer: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fee: \$ _____
Contact Called: ____/____/____		Total Fee's due: \$ _____	