

Town of Medley Building Department
CONTACT INFORMATION FOR PERMIT APPLICATION

FIRST NAME <i>(print clearly)</i>	LAST NAME <i>(print clearly)</i>
MOBILE PHONE	OFFICE/HOME PHONE

EMAIL *(required so you can be notified on the status of your plans)*

PLANS *(check all that apply)*

Please indicate if plans qualify for the following expedited plan reviews:

GOV'T PROJECT/DEPT _____
 GREEN BLDG* *(new construction only)*
 PACE PROJECT*

*(*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)*

REQUESTED PLAN REVIEWS *(check all that apply for rework only)*

<input type="checkbox"/> ALL	<input type="checkbox"/> BLDG/HCAP	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FLOOD	<input type="checkbox"/> FIRE	<input type="checkbox"/> ROOF
<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMING	<input type="checkbox"/> REVISION	<input type="checkbox"/> CIVIL	<input type="checkbox"/> SIGN
<input type="checkbox"/> STRUCTURE	<input type="checkbox"/> ZONING	<input type="checkbox"/> PAVING	<input type="checkbox"/> RECERTIFICATION	<input type="checkbox"/> DRAINAGE	<input type="checkbox"/> SHOP DRAWING

OPTIONAL PLAN REVIEWS *(check all that apply)*

BLDG
 ELEC
 MECH
 PLUM
 STRU

FOR OFFICE USE ONLY

To be completed by Permit and Occupancy Representative or Plans Processing Specialist

APPLICATION DATE	CLERK NAME	ARRIVAL TIME
PROCESS NUMBER	PROCESS NUMBER	PROCESS NUMBER

RE-ISSUE
 PLAN REVISION
 REWORK
 SHOP DRAWING