

**CITY OF ANDERSON
PLAN REVIEW SUBMITTAL**

PLAN REVIEW # _____

Today's Date: _____

Time: _____

Job Name: _____

Job Address: _____

Brief Description of Work: _____

(i.e.; tenant up fit, new construction, site plans only)

Residential: _____ Commercial: _____

Contact Name: _____

Contact Phone #: _____

Contact Email Address: _____

Contractor Name: _____

Contractor Phone #: _____

Contractor Email Address: _____

Plan Type: _____ Sheet _____ Roll # of Sets Submitted: _____

