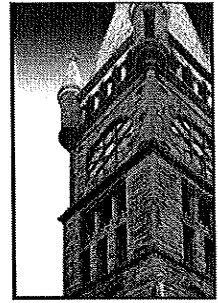


Department of
Licensing, Inspections and Permits

City Hall
4th Floor
340 North Washington Avenue
Scranton, Pennsylvania 18503
Tel: (570) 348-4193
Fax: (570) 348-4171



SCRANTON

Plan Review Submission

Official Use Only

Received on: _____

Received By: _____

FILE #: _____

Project Name: _____
(As appears on drawings-Required)

Project Address: _____
(Required)

Please check where applicable in each category:

- A. ___ Commercial Project (to be reviewed under IBC 2003)
 ___ Residential Project (to be reviewed under IRC 2003)
- B. ___ Complete Review (Building, Mechanical, Electrical & Plumbing)
 ___ Preliminary Building Review (No Fee)
 ___ Building Review
 ___ Mechanical Review
 ___ Plumbing Review
 ___ Electrical Review
 ___ Sprinkler Review
 ___ Residential Review

****The following information is required; no review will be completed unless all information is provided.***

Type of Construction (circle where applicable):

Type I		Type II		Type III		Type IV	Type V	
A	B	A	B	A	B	HT	A	B

Use Group: _____ Number of Stories: _____

Total Square Footage: _____

Total Construction Cost (including all primes – estimate if necessary): \$ _____

Intended Use of Structure: _____

**All site grading plans and any commercial projects are invalid unless stamped with a professional seal of a Pennsylvania licensed Architect and/or Engineer.*

Contact Information

Submitted By: _____
(Firm/Company) (Contact's Name)

(Company's Mailing Address)

(Contact Phone #) (Contact E-mail Address)

**Plan Review Fee will be invoiced to the above-listed individual, unless otherwise specified and no final review report or permit will be issued until all fees are paid in full.*

Owners Information: _____
(Firm/Company) (Contact's Name)

(Owners Mailing Address)

(Contact Phone #) (Contact E-mail Address)

Further complete only if Commercial or Stamped Residential

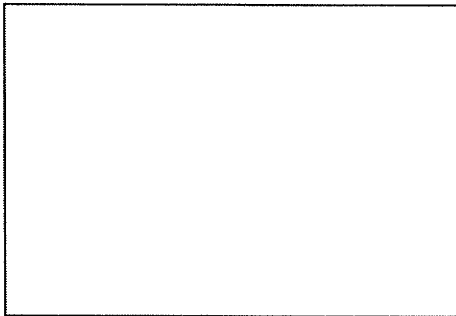
Professional's Information: _____
(Professional's Name) (Firm/Company)

(Professional's Mailing Address)

(Phone #) (Contact E-mail Address)

Professional Certification

The undersigned will / will not observe the construction of the above-listed project.



Signature

Title

Address

Professional Seal

*The undersigned hereby certifies that he/she has prepared the plans and specifications for the above-listed project in accordance to all City of Scranton adopted Building Codes and all City of Scranton Ordinances.

Signature of Architect or Engineer: _____

Address: _____ Date: _____

***Note:** This submission is not valid unless entire form is complete and stamped with the Pennsylvania State Seal of the Architect or Engineer that stamped and signed the attached construction documents. (Where applicable)*

Official Use Only:

Review Date: _____ Reviewed By: _____

Code Reviewed Under: _____

Review Report File: _____

Additional Remarks: _____
