

# Department of Public Works

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## ARCHITECTURAL PLANS CHECK-LIST

**THIS FORM IS TO BE SUBMITTED WITH ANY/ALL PLANS THAT ARE  
SUBMITTED TO THE BUILDING DEPARTMENT FOR REVIEW.  
PLEASE BE ADVISED THAT SAME WILL BE REJECTED IF YOUR PLANS  
DO NOT INCLUDE ALL ITEMS BELOW IN THEIR ENTIRETY**

**DATE:** \_\_\_\_\_

**ARCHITECT RESPONSIBLE FOR THE JOB:** \_\_\_\_\_

**ARCHITECT'S TELEPHONE NUMBER:** \_\_\_\_\_

**ADDRESS OF PROPOSED WORKSITE:** \_\_\_\_\_

\_\_\_\_\_  
**DESCRIPTION OF PROPOSED WORK:** \_\_\_\_\_

**Name and Address of Property Owner:** \_\_\_\_\_

**Correct Block, Lot and Street Address:** \_\_\_\_\_

**Existing and Proposed Use Group:** \_\_\_\_\_

**Existing and Proposed Construction Type:** \_\_\_\_\_

**RScheck Energy List, Residential and Commercial:** \_\_\_\_\_

**UL Listing on all assemblies where applicable:** \_\_\_\_\_

**CONTINUED**