

PLAN REVIEW SUBMITTAL

Planning Commission
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DATE: _____ NAME OF PROJECT: LOCATION OF PROJECT: CONTACT NAME: _____ CONTACT PHONE #: _____ EMAIL: _____ PARTY RESPONSIBLE FOR PLAN REVIEW FEES: NAME: ADDRESS: CITY, STATE AND ZIP CODE: PHONE #: ______ EMAIL: _____ I / WE UNDERSTAND THAT ALL PLAN REVIEW FEES MUST BE PAID UPON RECEIPT OF INVOICE.

SIGNED: DATED: