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|  | ***Please check only one (****separate applications must be submitted for Building or Fire****)*** |
|  | **OFFICE OF THE NAU LEAD BUILDING INSPECTOR (928) 523-2705** |
|  | **OFFICE OF THE NAU FIRE MARSHAL (928) 523-1873** |

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| **Today’s Date:** | **NAU Project Manager:** |
| **NAU Project #:** | **NAU Permit #** *(if one has been issued):* |

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| **PROJECT LOCATION** |
| **Name of NAU Building or Facility:**  |
| **NAU Building # or Facility ID:** |
| **Project Address (or describe project location):**  |

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| **PROPOSED WORK** |
| **Describe the scope of work for this project** (attach additional pages as necessary) **How many additional pages are attached? \_\_\_\_\_\_** |

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| **CONSTRUCTION DOCUMENT INFORMATION***(Please check and indicate the type of plan review you are requesting)* |
| **New Plan Reviews, BEFORE a Building and/or Fire Permits has been issued** |
|  | **Conceptual**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  **%** |  | **Schematic**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **%** |
|  | **Design Development**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **% DD** |  | **Construction Documents**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **% CD** |
| **100% CD Plan Reviews, BEFORE a Building and/or Fire Permits has been issued** |
|  | **First submittal of 100% CD, for plan review.** |
|  | **Plan review re-submittal with corrections included.** (*For “Construction 100% CD set” only)* |
| **Plan Reviews, AFTER a Building and/or Fire Permit has been issued** |
|  | **Revisions to already permitted documents.** *( Building or Fire Permit has already been issued )* |
|  | **Addendums to already permitted documents.** *( New Scope, Building or Fire Permit has been issued )* |
|  | **Deferred Submittal Type**  | ***(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Fire Life Safety Submittals** |
|  | **Fire Alarm** |  | **Fire Sprinkler** |  | **Underground Fire**  |
|  | **Alternative Fire Suppression** |  | **Kitchen Hood**  |  | **Fire Hydrant** |
|  | **Other**  | ***(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Please include a complete drawing log and list of all construction documents that have been submitted with this request *(attach additional pages).*  How many additional pages are attached? \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **APPLICANT INFORMATION** |
| **Applicant Name & Title:**  |
| **Company Name:**  | **AZ State Lic. No. & Type:**  |
| **Mailing Address, City, State, Zip:** |
| **Name & Title of Person to contact:** |
| **Contact Person Work Phone #:**  | **Contact Person Cell #:** |
| **Contact Person E-mail:** |

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| **DESIGN PROFESSIONAL INFORMATION** |
| **Name of person Designated as Design Professional in Responsible Charge of Project:**  |
| **Company Name:** |
| **AZ State License or Registration Number & Type:** |
| **Mailing Address, City, State, Zip:** |
| **Main Office Telephone Number:** |
| **Name & Title of Person to contact:** |
| **Contact Person Work Phone #:**  | **Contact Person Cell #:** |
| **Contact Person E-mail:** |

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| **Applicant & Design Professional Signatures****FOR THE PURPOSE OF PLAN REVIEW: FULL SIZE SETS WILL BE REQUIRED, & ELECTRONIC COPIES MAY NOT BE ACCEPTED UNLESS PRIOR WRITTEN ARRANGEMENTS HAVE BEEN MADE WITH THE NAU LEAD BUILDING INSPECTOR AND/OR NAU FIRE MARSHAL.** **FOR THE PURPOSE OF DETERMINING HOW MANY COMPLETE SETS WILL BE REQUIRED TO BE SUBMITTED FOR PLAN REVIEW, PLEASE CONTACT NAU LEAD BUILDING INSPECTOR AND/OR NAU FIRE MARSHAL.****APPLICATION OF THIS PLAN REVIEW REQUEST DOES NOT AUTHORIZE WORK TO BE PERFORMED WITHOUT APPROVAL AND ISSUANCE OF A PERMIT. IF A PERMIT IS ISSUED, IT DOES NOT CONSTITUTE A NOTICE TO PROCEED.** |
| **By entering and signing my name as the applicant, I hereby attest that I am authorized to submit this request on behalf of: *(Please specify who you represent, check only one box below)*** |
|  |  |  **Design Professional in Responsible Charge**  |  | **Contractor** |
| **I have received, read and to the best of my knowledge & understanding, the following has been incorporated into the design:**  |
|  **NAU Design Guidelines dated:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** | **and NAU Technical Standards dated:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |  |
| **In case of deviations from these guidelines and standards, I have attached copies of the substitution request forms**  |
| **approved by NAU. Please indicate the number of additional pages you have attached:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |  |
| **Applicant’s Signature & Date Signed:** |
| **Printed Name & Title:** |

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| **NAU USE ONLY****Number of construction document sets received:****Name of person receiving documents & date received:** |