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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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| **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:** |