



Code Inspections, Inc.

603 Horsham Rd
Horsham, Pa. 19044
215-672-9400
Fax: 215-672-9736

PLAN REVIEW APPLICATION

Note: 2 sets of plans are required and will be returned to the Applicant

To Be Filled out by Applicant:

County: _____

Municipality: _____

APPLICATION DATE: ___/___/___

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Site Address: _____

Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____

Phase: _____

Section: _____

OWNER: _____

Phone # _____

Fax # _____

Mailing Address: _____

E-Mail: _____

CONTRACTOR:

Phone # _____

Fax # _____

Who shall we contact if there are questions? _____

Phone # _____

Who shall we contact for pick up and fee's? _____

Phone # _____

Plans to be reviewed for: (Check all that apply)

Building

Plumbing

Mechanical

Electrical

Fire

Accessibility

TYPE OF WORK AND DESCRIPTION OF BUILDING USE MUST BE FILLED OUT COMPLETELY

TYPE OF WORK OR IMPROVEMENT (Check One)

New Building

Addition

Alteration

Repair

Change of Use

Other

Describe the proposed work: _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

One-Family Dwelling (R-3)

Two-Family Dwelling (R-3)

Change in Use:

YES

NO

NON-RESIDENTIAL

Specific Use: _____

Use Group: _____

If YES, Indicate Former: _____

The applicant certifies that all work will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of notifying Code Inspections, Inc. when ready for all required inspections indicated above.

All CII fee's must be paid in full before plans are released.

Signature of Owner or Authorized Agent: _____

Print Name of Owner or Authorized Agent: _____

To be filled out by Plan Reviewer:

Signature of Building Plan Reviewer: _____	<input type="checkbox"/> Approved	Fee: \$ _____
	<input type="checkbox"/> Rejected	
Signature of Electrical Plan Reviewer: _____	<input type="checkbox"/> Approved	Fee: \$ _____
	<input type="checkbox"/> Rejected	
Signature of Plumbing : (specify) _____ Plan Reviewer: _____	<input type="checkbox"/> Approved	Fee: \$ _____
	<input type="checkbox"/> Rejected	
Signature of Mechanical Plan Reviewer: _____	<input type="checkbox"/> Approved	Fee: \$ _____
	<input type="checkbox"/> Rejected	
Signature of Accessibility Plan Reviewer: _____	<input type="checkbox"/> Approved	Fee: \$ _____
	<input type="checkbox"/> Rejected	
Signature of Fire Plan Reviewer: _____	<input type="checkbox"/> Approved	Fee: \$ _____
	<input type="checkbox"/> Rejected	
Contact Called: ___/___/___	Total Fee's due: \$ _____	