



CITY OF CUERO PLAN REVIEW APPLICATION



Application must be accurately completed and accompanied by all required materials at the time of submittal.
The review schedule will not begin until staff has determined that the application is complete.

1. The following items shall accompany the application	* 3 Sets of Site Plans, If Applicable <small>(2 paper sets and 1 digital set)</small>	* 3 Sets of Building Plans, If Applicable <small>(2 paper sets and 1 digital set)</small>	*Application review fee
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2. Please check the appropriate box(es) to indicate the type of review requested.	<input type="checkbox"/> SITE PLAN <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">Review Fee: \$ 150.00</div>	<input type="checkbox"/> BUILDING PLAN <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">Review Fee: 1/3 cost of permit fee, based on total valuation. Total Valuation: \$</div>
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3. Project Information	Project Name:			
	Project Address:			
	Legal Description::			
	Parcel(s) Tax ID#:	Acreage:	Proposed Use / Occupancy Group:	Building Square Footage:
	Estimated Building Valuation:	Building Construction Type:	Building Height / Stories:	

4. Owner Information	Owner Name:			
	Company Address:			
	Mailing Address:			
	City:	State:	Zip Code:	Telephone: ()

I hereby certify that I am the owner of the property and further certify that the information provided on the application is true and correct. Furthermore, I designate the below mentioned person as my designated agent to act on my behalf in matters pertaining to this request(s).

Owners signature: _____	Date: _____
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5. Project Representative/ Architect/ Engineer	Agents Name:				
	Company Name:				
	Mailing Address:				
	City:	State:	Zip Code:	Telephone: ()	Fax: ()
	Email:		TX Registration #:		

I, the undersigned agent, understand and accept by authority and responsibility to act as the legal authorized agent on behalf of the owner(s) of property described on this application, in matters relating to this request(s).

Agents signature: _____	Date: _____
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6. Requirements	<input type="checkbox"/> Foundation Plan	<input type="checkbox"/> Elevation	<input type="checkbox"/> Interior Finish Schedule	<input type="checkbox"/> Mechanical Plan	<input type="checkbox"/> Fire Resistive Assembly Listings (UL#)
	<input type="checkbox"/> Architectural Plan	<input type="checkbox"/> Wall Sections & Cross Sections	<input type="checkbox"/> Room, Door, Window Schedules	<input type="checkbox"/> Electrical Plan	<input type="checkbox"/> Specifications
	<input type="checkbox"/> Structural Plans including Design Calculations (Live, Dead, Wind)			<input type="checkbox"/> Plumbing and Gas Plan	<input type="checkbox"/> Energy Code Compliance