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Email: ADOHPlanReview@azhousing.gov

## PLAN REVIEW APPLICATION

This application must be submitted as this fillable PDF format - Fill out this form and save as a non-secured PDF to submit.

Printed copies will be rejected.

(Area A) LICENSED MANUFACTURERS ONLY:		
Compliance Control Manual: Factory Address:		
Factory Built Building - New Building plans. Model Stock Unit Model number or Serial number:		
Site-specific	Foundation within a designated flood area? \( \subseteq Y/N \)  Soil Classification: \( \subseteq \)	Within a freezing climate? \( \begin{align*} \text{If} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Area A.3) Factory Built Buildi	evaluation by MHBD staff. Applications submitted without a letter aff will be canceled. Contact Plan Review Staff for assistance.	
(Area A.4) Supplement Pla	Supplemental to originally approved I [This is for minor changes to a few plan sheets, if the changes are too drareview the application will be canceled and a new application will be requ	MHBD plans. stit and require a new ired for the new review)  Select One F H
(Area B) Scope of Work: All applications shall include a defined scope of work: (IBC-2018-105.3.1)		
(Area C)  Manufacturer License Number: License Type: M		Dealer License Number: License Type: D
Owner / Applicant's Name (Dealer, Installer, Homeowner, or Other) Mailing Address & Telephone Number  (Area E) Contact Name & E-mail Address (Required)  (Area F)  If Site-Specific:		
	Installation Site Address/ Assessors Parcel Number	
Important Notes:  Review the Plan Review page of the MHBD website for updated checklists, applications, instructions, and our e-Licensing Portal to submit all plan review applications for review.  Clicking the e-Licensing portal 'Submit' button verifies all required documents have been submitted with the application. Uploaded files may not be altered/modified after clicking 'Submit'.  All plan review applications will receive two attempts to be accepted in as complete, applications that are not accepted in as complete with two attempts will be forfeited and a new application shall be made.  DO NOT SEND PLANS, DETAILS, OR CALCULATIONS BY EMAIL.		
SECTION BELOW FOR OFFICE USE ONLY		
Submittal Fee	RECEIPTING	APPROVAL STAMP
Payment No.		
Application No.		
Additional Hour	( ) X \$125.00 Per Hour	
Balance Fees Ov	, , ,	
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