



**STATE OF ARIZONA  
DEPARTMENT OF HOUSING**

1110 WEST WASHINGTON ST, SUITE 280  
PHOENIX, ARIZONA 85007  
Office: (602) 771-1000

**PLAN REVIEW APPLICATION**

<b>INSTALLER, OTHER*:</b> <i>(Complete section below)</i>	<b>LICENSED MANUFACTURERS ONLY:</b> <i>(Complete section below)</i>
<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Flood Plain	License No.: _____ License Type: _____
<input type="checkbox"/> Factory Built Building Installation Occupancy Type: _____ Building Size (Box): _____ Utilities (Check all that apply): <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Gas AZ manufacturer issued insignia number(s): _____	<input type="checkbox"/> Factory Built Building ( <i>New Construction</i> ) <input type="checkbox"/> Factory Built Building Reconstruction <input type="checkbox"/> Compliance Control Manual <input type="checkbox"/> Design Structural Package
<input type="checkbox"/> Supplement Plan Original AZ Plan Approval Number: _____	<input type="checkbox"/> Supplement Plan Original AZ Plan Approval Number: _____
<b>Applicant's Name</b> <i>(Installer, Manufacturer, or Other)</i> <b>Mailing &amp; Shipping Address</b> <b>Telephone Number</b>	
<b>Contact Name &amp; E-mail Address (Required)</b>	
<b>Installation Site Address</b> <i>(Exceptions: Compliance Control Manual, Structural Package, or Typical Plan)</i>	
<b>*ADOH LICENSE REQUIRED FOR INSTALLATION</b>	License No.: _____ License Type: _____
INCLUDE SELF ADDRESSED STAMPED PACKAGE, OR MEANS OF RETURN DELIVERY IF UNABLE TO RETRIEVE APPROVED PLANS FROM THE OFFICE	

Submit minimum two (2) copies of this application, documents / plans for review and the following fee**:	
Document / Plan review fee (includes one hour of plan review)	<b>\$175.00</b>
Document / Plan Review fee per each additional hour (billed at completion of review)	<b>\$125.00</b>

SECTION BELOW FOR OFFICE USE ONLY	
RECEIPTING	APPROVAL STAMP
Submittal fee	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div> PLAN LOG #
Less Fee Received	
Payment No.	
Receipt No.	
Additional Hours	
Copies Printed	
Balance Fee Owed	
Payment No.	
Receipt No.	

\*\*Make checks payable to: **ARIZONA DEPARTMENT OF HOUSING**

REV 02/2021