



**STATE OF ARIZONA
DEPARTMENT OF HOUSING**

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

PLAN REVIEW APPLICATION

INSTALLER, OTHER*: <i>(Complete section below)</i>		LICENSED MANUFACTURERS ONLY: <i>(Complete section below)</i>	
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Flood Plain	License No.: _____ License Type: _____	Dealer No.: _____ License Type: _____
<input type="checkbox"/> Factory Built Building Installation Occupancy Type: _____ Building Size (Box): _____ Utilities <i>(Check all that apply)</i> : <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"/> Supplement Plan Original AZ Plan Approval Number: _____		<input type="checkbox"/> Compliance Control Manual	<input type="checkbox"/> Design Structural Package
		<input type="checkbox"/> Supplement Plan Original AZ Plan Approval Number: _____	
Applicant's Name <i>(Installer, Manufacturer, or Other)</i> Mailing & Shipping Address Telephone Number			
Contact Name & E-mail Address (Required)			
Installation Site Address <i>(Exceptions: Compliance Control Manual, Structural Package, or Typical Plan)</i>			
*ADOH LICENSE REQUIRED FOR INSTALLATION		License No.:	License Type:

SECTION BELOW FOR OFFICE USE ONLY	
RECEIPTING	APPROVAL STAMP
Submittal Fee	
Fee Received	
Payment Type	
Payment No.	
Additional Hours () X \$125.00 Per Hour	
Balance Fees Owed	
Log/Application No.	