

## Application for Preliminary Review Use this form to request a preliminary plan review or to request a preliminary project meeting.

| Address<br>Provide the property address of<br>the location to be considered.               | 1 | Address   |
|--|---|---|
| Contacts   |   |   |
| Provide the applicant's name<br>and contact information in                                 |   | (a) Applicant Name  |
| section 2(a), and the design professional's name and                                       |   | Address   |
| contact information in section 2(b).   | 2 | Email Phone Phone I I I I I I I I I I I I I I I I I I I   |
|  | 2 | (b) Design Professional Name PA License #   |
|  |   | Address Phila. Commercial Activity License #  |
|  |   | Email Phone Phone I I I I I I I I   |
| Preliminary Request<br>Specify the type of service you<br>are seeking and code for review. |   | Type of Service (select one):  Preliminary Plan Review  Preliminary Project Meeting               |
| Refer to the website at www.phila.gov/li for scope of service and requirements.            | 3 | Code for Review (select one):  Building  Zoning  Plumbing  Electrical                             |
| Project Description  |   |   |
| Highlight uses in section 4(a)<br>and provide a detailed project                           |   | <ul> <li>(a) Use(s) of Building(s) / Property:</li> <li>(b) Describe Scope of Project:</li> </ul> |
| description in section 4(b).<br>For projects reviewed under the                            |   |   |
| Building Code, section 4(c)<br>must also be completed.                                     | 4 |   |
|  |   | (c) For Building Code reviews only: Construction Type: Occupancy Classification(s):               |
|  |   | Sprinklers: Sprinklers: Sprinkler Coverage ( <i>if applicable</i> ): Partial or Complete          |
| Scope of Review  |   |   |
| If requesting a Project Meeting, summarize the codes topics                                |   | 1.)   |
| you wish to discuss with a plans<br>examiner. The number of topics                         |   | 2.)   |
| may not exceed five.   | 5 | 3.)   |
|  |   | 4.)   |
|  |   | 5.)   |
| Applicant Signature:   |   | Date: / /   |