



**PROPERTY INFORMATION (Staff can assist you in obtaining this information):**

Job Address:			
Legal Description:	Subdivision Name:	Lot #:	Block #:

**APPLICANT (who will be the main contact person for this project):**

Name	
Mailing Address	
City, State, ZIP	
Contact Phone	FAX
Email	

**PROPERTY OWNER:**

Name	
Mailing Address	
City, State, ZIP	
Contact Phone	FAX
Email	

**ARCHITECT:**

Name	Company Name
Mailing Address	
City, State, ZIP	
Office Phone	Cell Phone
Email	FAX

**ENGINEER:**

Name	Company Name
Mailing Address	
City, State, ZIP	
Office Phone	Cell Phone
Email	FAX

**PROJECT SUMMARY:**

Provide a description of the work to be performed with this project.

Estimated Valuation of Work:		Proposed Use of Property:		
Check all that apply to your project:	New Building(s)	Addition(s)	Alteration/Remodel	Change in Use

TYPE OF CONSTRUCTION:																	
	I-A		I-B		II-A		II-B		III-A		III-B		IV-HT		V-A		V-B
OCCUPANCY TYPE:																	
Assembly	Group A-1			Group A-2			Group A-3			Group A-4			Group A-5				
Business	Group B																
Educational	Group E																
Factory/Industrial	Group F-1			Group F-2													
High Hazard	Group H-1			Group H-2			Group H-3			Group H-4			Group H-5				
Institutional	Group I-1			Group I-2			Group I-3			Group I-4							
Mercantile	Group M																
Residential	Group R-1			Group R-2			Group R-3			Group R-4							
Storage	Group S-1			Group S-2													
Utility/Miscellaneous	Group U																
GENERAL INFORMATION:																	
Number of Stories:						Basement (Yes or No):											
Square Footage Basement:						Square Footage 1 <sup>st</sup> Floor											
Square Footage 2 <sup>nd</sup> Floor:						Square Footage 3 <sup>rd</sup> Floor:											
Building Height (Front Elevation):						Building Height (Rear Elevation)											
Remodel Sq. Ft.						Floodplain (Yes or No):											
Design Review District: Yes or No						Zoning District:											
Site Improvements: Yes or No						Excavation on Public Property?											

SUBMITTAL CHECKLIST:	
<b>The following items are required of the applicant when making application for commercial plan review. The items shown on this checklist must be submitted to the Community Development Department at the time of applying for Commercial Plan Review. Items that are not included may result in the application being returned or may delay the review of the project.</b>	
	Four (4) sets of all items shall be submitted plus one electronic complete plan set provided on disk/flash drive.
	All plans and specifications shall be drawn to scale and shall clearly indicate the location, nature and extent of the work proposed and show in detail that the plans are in compliance with the minimum provisions of all codes adopted by the City of Green River, and all relevant laws, ordinances and regulations.
	Cover Sheet with Project Details, Contents and Code Data Analysis (design loads, structural calculations, occupancy group and division, type of construction, etc.)
	Final Site Plan drawn and stamped by a Wyoming Licensed Engineer or Surveyor
	Civil Plans drawn and stamped by a Wyoming Licensed Engineer
	Architectural Plans
	Structural Plans
	Mechanical Plans
	Electrical Plans
	Geotechnical Report
	Material Specifications
	Building Energy Analysis (ComCheck)
	Documentation from the State Fire Marshall that State Plan Review is not required, or if required, documentation showing that the plans have been submitted to the State Fire Marshall's Office for review.

APPLICANT SIGNATURE:		
The undersigned hereby certifies they are the owner of the property, or the owner's authorized agent, and that all information is true and correct to the best of their knowledge.		
Signature:	Printed Name:	Date:

**(Staff Use Only – Do not write below this line)**

STAFF USE ONLY – PLAN REVIEW FEE CALCULATION:					
Valuation \$0 up to \$25,000	\$ _____ (Valuation)	X 0.03 =	\$ _____	X 0.65 =	\$ _____ (Plan Review Fee)
Valuation \$25,001 up to \$100,000	\$ _____ (Valuation)	X 0.02 =	\$ _____	X 0.65 =	\$ _____ (Plan Review Fee)
Valuation \$10,001 up to \$500,000	\$ _____ (Valuation)	X 0.01 =	\$ _____	X 0.65 =	\$ _____ (Plan Review Fee)
Valuation \$500,001 up to \$1,000,000	\$ _____ (Valuation)	X 0.008 =	\$ _____	X 0.65 =	\$ _____ (Plan Review Fee)
Valuation \$1,000,001 and up	\$ _____ (Valuation)	X 0.007 =	\$ _____	X 0.65 =	\$ _____ (Plan Review Fee)
TOTAL PLAN REVIEW FEE DUE:				=	\$ _____
Type of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Credit Card				
Amount Paid:	Date Received:	Received by:			

PLAN REVIEW:			
Complete Application Determination:	Review #1 Distribution:	Comments due by (21 days):	Plan Review Report #1 Sent:
Resubmittal Date:	Review #2 Distribution:	Comments due by (21 days):	Plan Review Report #2 Sent:
Resubmittal Date:	Review #3 Distribution:	Comments due by (21 days):	Plan Review Report #3 Sent:
Plan Approval Date	Pre-Construction Meeting:	Permit Issued:	
Comments:			