

DEVELOPMENT OFFICE

201 West Water Street • Piqua, Ohio 45356 Phone (937) 778-2049 • Fax (937) 778-5165

PLAN REVIEW STATEMENT

to the first of th					
LOCATION INFORMATION			PERMIT APPLICATION		
Street Address:			Number:		
Owner Name:			Status:		
Parcel ID:			Date:		
APPLICANT INFORMATION			PRIMARY CONTACT		
			Name:		
			Phone:		
			Cell:		
			Fax:		
			Email:		
PROJECT INFORMATION					
Use Type:		Use CI	ass:		
Description of Work:					
Work Scope:		Work	Class:		
REFERENCE DOCUMENTS					
DATE SUBMITTED FILE NAME	DESCRIPTION				

A code compliance review of the proposed changes or work referenced above has been completed. The review of the application and construction document submittals has resulted in the issuance of this Plan Review statement. The Plan Review notes provided indicate the appropriateness of the application and construction documents with regards to the conformance of the proposed changes or work with the adopted community zoning, stormwater, water distribution, electric distribution, and sanitary sewer standards. Please review the Plan Review notes provided and respond accordingly by revising the construction documents and or by compiling the material necessary to address the concern noted, and submit the revised drawings and or additional information to the Development Office.

Please contact the plan review person listed next to the pertinent review topic to inquiry with questions or concerns related to the Plan Review notes specific to that particular review topic. Direct all other inquiries related to the Permit request to the Development Office.

Note - The permit request is NOT APPROVED AND WORK IS NOT AUTHORIZED TO COMMENCE until all of the Plan Review notes provided herein have been satisfactorily addressed. A Permit with a permit application status of "Approved" will be issued to the applicant upon the proposed changes or work shown on the application and or construction document submittals being found to be appropriate to and in conformance with the adopted community standards.



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PLAN REVIEW NOTES				
REVIEKSTATUS	DATE	······REVIEWER		
Signature of Authorized Official.				
Signature of Authorized Official:				