

PLAN AND SPECIFICATION ROUTE FORM

Park _____ Date: _____
Project Name _____
Code _____ Fund _____ Project Manager _____

PLAN REVIEW PHASE: Target Date to be Returned to Project Manager _____

_____ Schematic
_____ Design Development
_____ Construction Drawing

**PLEASE CIRCULATE TO
EVERYONE WHO NEEDS TO SEE IT
BEFORE RETURNING.**

DISTRIBUTION

Set #1 FIELD

<u>Initials</u>	<u>Date Forwarded</u>	
() _____	_____	Park
() _____	_____	District
		Superintendent
() _____	_____	Project Manager

Set #2 YORKSHIRE

<u>Initials</u>	<u>Date Forwarded</u>	
() _____	_____	Architect
() _____	_____	Engineer
() _____	_____	Landscape Architect
() _____	_____	Concessions Manager
() _____	_____	Interpretations/Education
() _____	_____	Exhibits Coordinator
() _____	_____	Safety Officer
() _____	_____	Project Manager

Set #3 ARCHDALE

<u>Initials</u>	<u>Date Forwarded</u>	
() _____	_____	Division Director
() _____	_____	Resource Management Program
() _____	_____	ADA Coordinator
() _____	_____	Comprehensive Planning Program
() _____	_____	Project Manager

All comments reviewed by Superintendent of State Parks: _____ Date _____

COMMENTS:

