



Health Services
P O Box 872104
Tempe, AZ 85287-2104
480-965-6853
FAX 480-965-2269

PLAN REVIEW APPLICATION

Submit:

- Plan Review Fee - \$500.00 payable to ASU Health Services
- Expedited Plan Review Fee – (Less than 21days) \$1,000.00
- One (1) complete set of plans (minimum size 8.5” x 11” or larger) including Finish Schedule, Equipment Schedule including Mfr. Specifications and one (1) Plumbing site plan
- Proposed Menu (including service style & types of foods)

PLEASE PRINT:

Plan letters are to be sent to:

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CELL PHONE _____

FAX _____ E-MAIL _____

NAME OF ESTABLISHMENT _____

OWNER’S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

Projected date for start of project _____

Projected date for completion of project _____

NAME OF CONTRACTOR _____ PHONE _____

NAME OF ARCHITECT _____ PHONE _____

** I certify that these plan documents comply with the Arizona Administrative Code.

** _____
Signature

DATE RECEIVED _____ TYPE _____ / new or remodel