



Health Services P O Box 872104, Tempe, AZ 85287-2104
Phone 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 21 days) \$1,000.00
- One (1) complete set of plans (minimum size 8.5” x 11” or larger) including Finish Schedule, Equipment Schedule including Manufacturer Specifications and one (1) Plumbing site plan
- Proposed Menu (including service style & types of foods)

Please print your responses.

Plan letters are to be sent to:

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Fax _____ Email _____

Name of Establishment _____

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Project Start and Completion Dates: From _____ To _____

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