

# ACCESSIBILITY PLAN REVIEW APPLICATION and CHECKLIST

Date: \_\_\_\_\_

## **Site Information**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Applicant Information**

Applicant Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_

## **Design Professional**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **Application Type** *(check one)*

New Building

Change of Use

Revisions

Addition

Alterations or Renovations

Partial Occupancy

## **Use Group** *(check applicable)*

A-1    A-2    A-3    A-4    A-5    B    E    F-1    F-2

H-1    H-2    H-3    H-4    H-5    I-1    I-2    I-3    I-4

M    R-1    R-2    R-3    R-4    S-1    S-2

## **Mandatory Documents** *(check off)*

CONSTRUCTION TYPE: \_\_\_\_\_

1 copy of this form completed    2 copies of site plans    2 copies of complete construction drawings

## **Accessible Route Compliance**

TOTAL Cost of Alterations: \$ \_\_\_\_\_

TOTAL Cost of Improvements towards the Accessible Route: \$ \_\_\_\_\_