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## School Construction Plan Review Application

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

Address: \_\_\_\_\_ Plan #: \_\_\_\_\_

Project Description: \_\_\_\_\_

School District: \_\_\_\_\_

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

Contractors Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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- APPROVED
  - APPROVED W/ CORRECTIONS
  - DISAPPROVED

Plan Review and Fire Inspection Fee: \_\_\_\_\_

- Plan Reviewer:  Withee: 07-180202  
 Taylor: 156304054  
 Peterson: 166304889

Make checks payable to: City of Colorado Springs

