



ICC PLAN REVIEW SERVICES TRANSMITTAL FORM



FROM*

REQUESTED BY (INDIVIDUAL'S NAME)

SIGNATURE

JURISDICTION OR FIRM

TELEPHONE NUMBER (INCLUDING AREA CODE)

STREET ADDRESS (NO P.O. BOXES)

FAX NUMBER

CITY

STATE

ZIP

EMAIL ADDRESS

ICC MEMBERSHIP NUMBER (WILL BE VERIFIED)

**Plan Review fee will be invoiced to the above named person unless otherwise specifically requested and authorized in writing.*

PROJECT NAME

(AS SHOWN ON THE PLANS)

PROJECT ADDRESS

Please check where applicable

- COMPLETE REVIEW (Includes Building, Mechanical, Plumbing and Electrical)
- PRELIMINARY BUILDING REVIEW CODE YEAR _____
- BUILDING REVIEW CODE YEAR _____
- MECHANICAL REVIEW CODE YEAR _____
- PLUMBING REVIEW CODE YEAR _____
- ELECTRICAL REVIEW CODE YEAR _____
- SPRINKLER REVIEW CODE YEAR _____
- ENERGY REVIEW CODE YEAR _____
- ACCESSIBILITY REVIEW CODE YEAR _____

Note: Be sure to indicate the applicable International (ICC) or legacy code.

If you have any questions, do not hesitate to call International Code Council at 1-888-ICC-SAFE (422-7233), ext. 33809.