



# CITY OF EVERETT

## Permit Services Transmittal

OFFICE USE ONLY
Date Received Stamp
<input type="checkbox"/> Chronology – Permit Counter Transmittal <input type="checkbox"/> Plan Review Routing
Location: <input type="checkbox"/> File <input type="checkbox"/> Reviewer Office Date Logged _____ By: _____

PERMIT/PROJECT #: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Route to: (Check all that apply)	Name of Reviewer	Type of Review
<input type="checkbox"/> Planning	Reviewer Name: _____	<input type="checkbox"/> Re-Review
<input type="checkbox"/> Public Works	Reviewer Name: _____	<input type="checkbox"/> Revisions After Approval
<input type="checkbox"/> Building	Reviewer Name: _____	<input type="checkbox"/> Revisions After Issuance
<input type="checkbox"/> Fire	Reviewer Name: _____	<input type="checkbox"/> Other
<input type="checkbox"/> Other	Reviewer Name: _____	<input type="checkbox"/> Other

**Provide quantities for all items submitted**

PLANS	REPORTS/CALCULATIONS	OTHER DOCUMENTS
Qty	Qty	Qty
___ Arch./Bldg. Plans	___ Geotechnical Report	___ Correction Letter Responses
___ Structural Plans	___ Drainage Report	___ Draft Easement
___ Civil Plans	___ SWPPP Report	___ Recorded Easement
___ Site Plan	___ Wetland Report	___ Height Survey
___ Landscape Plan	___ Critical Area Report	___ Base Elevation Survey
___ Survey	___ Traffic Study/TDM Report	___ Critical Area Covenant
___ Elevations	___ Structural Calculations	___ Stormwater Covenant
___ Floor Plans	___ Height Calculations	___ Covenant - Other
___ Special Inspection Report _____	___ Plumbing Calculations	___ Performance Guarantee
___ As-Builts	___ Other _____	___ Warranty Bond
___ Plat Maps	___ Other _____	___ Other _____
___ Original City Redlines Returned	___ Other _____	___ Other _____
___ Other _____	___ Other _____	___ Other _____
___ Other _____	___ Other _____	___ Other _____

**Items submitted are:**

- Complete Plan Replacement Sets
  Revised Plan Sheets (Applicant to slip-sheet at counter)
  Additional Documents (Add to file)

Comments to Reviewer:

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