

CITY OF SOUTH HAVEN
BUILDING CONSTRUCTION PLAN REVIEW
APPLICATION

(PRIOR TO BUILDING / ZONING PERMIT APPLICATION)

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROPERTY TAX NUMBER: _____

PROPERTY OWNER(S) INFORMATION APPLICANT(S) INFORMATION

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

_____ | _____

PHONE: _____ **PHONE:** _____

FAX: _____ **FAX:** _____

E-MAIL: _____ **E-MAIL:** _____

Project Information (Circle): New Construction or Remodeling or Addition

Demolition Required: _____ Yes _____ No
(If yes, please indicate to what extent you will perform work as part of Scope of Work description on page 2 of application.)

Building Area (List each floor): _____

Total Height of Roof and/or appurtenances: _____

Fire sprinkling system to be utilized: _____ Yes _____ No **Stand Pipe Required:** _____ Yes _____ No

Type of Construction Proposed: _____ **Use/Occupancy:** _____

Has project received approvals from South Haven’s Planning Commission: _____ Yes _____ No
(If yes, please attach associated correspondence relative to this project and a brief summary letter with this application.)

Has project received approvals from State regulatory or other agencies: _____ Yes _____ No
(If yes, please attach associated correspondence relative to this project and a brief summary letter with this application.)

