



Please submit to the AFP Office at 438 W. Adams Street, Phoenix, AZ 85003

Date: _____ Plan Log Number: _____
AFP Facility Name: _____ AFP Facility #: _____
Project/Tenant Name: _____ Billing Reference #: _____
Project Address: _____
Bldg #: _____ Floor #: _____ Suite/Space #: _____
Project Valuation: _____ Project Sq. Footage: _____

Applicant:

Name: _____ Contact Number: _____
Email Address: _____

Disciplines – check all that apply:

☐ Architectural ☐ Plumbing ☐ Mechanical
☐ Structural – calcs ☐ Electrical ☐ Fire

Description of Work:

Contractor Information:

Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
State Contractor's License (ROC): _____ State Tax #: _____
Local Business (Phoenix PLT): _____

Owner Information:

Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Number: _____

TO BE COMPLETED AT TIME OF PICK-UP

Print Name: _____ Company Picking up Plans: _____
Signature: _____ Date: _____