



**Please submit to the AFP Office at 438 West 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 Square 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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_

State Contractors License (ROC): \_\_\_\_\_ State Tax #: \_\_\_\_\_

Local Business (Phoenix PLT): \_\_\_\_\_

**Owner Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_

**TO BE COMPLETED AT TIME OF PICK UP**

\_\_\_\_\_  
Print Name Company Picking up Plans (Phone Number)

\_\_\_\_\_  
Signature Date