

# City of Montclair Application for Plans Examination

Job Location

Date _____	Street Address _____
Business/Project Name _____	

Description of Work

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other
Scope of Work to be Completed (Please be specific) _____
_____
TOTAL CONTRACT price of improvements. \$ _____ Total Sq. Ft. _____

Identification

<b>Property Owner</b>	_____		
	Name _____	Home Phone _____	Cell Phone _____
	Street Address _____	City _____	Zip Code _____
	_____ Email Address _____		
<b>Licensed Contractor</b>	_____		
	Name _____	Office Phone _____	Cell Phone _____
	Street Address _____	City _____	Zip Code _____
	_____ State License Number & Expiration Date _____ Email Address _____		
<b>Architect or Engineer</b>	_____		
	Name _____	Office Phone _____	Cell Phone _____
	Street Address _____	City _____	Zip Code _____
	_____ State License Number & Expiration Date _____ Email Address _____		

Contact Person

Name _____	Office Number _____	Cell Number _____
Email Address _____	Fax Number _____	