



Town of Easton – Inspections Division
14 S. Harrison Street, Easton, MD (410) 822-2526 Fax (410) 822-8738
Plan Review Submission Request

CONTACT INFORMATION:	
Date: _____	Review Requested By: _____
Relationship to Owner: <input type="checkbox"/> Self <input type="checkbox"/> Immediate Family <input type="checkbox"/> Contractor <input type="checkbox"/> Design Professional	
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Fax: _____ Mobile: _____
E-Mail: _____	
Other Contact Information: _____	
PROPERTY INFORMATION:	
Parcel ID # (PIN): _____	Location of Property: _____
Legal Owner of Property: _____	
PLAN REVIEW REQUEST:	
Type of Work To Be Done: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Repair	
Description of Project: _____	

Total Cost of Construction: \$ _____	Est. Project Start Date: _____
THE FOLLOWING COVER SHEET DATA MUST BE ON ALL PLANS SUBMITTED:	
Plans Submitter and Contact Information Proper Code Editions Type Occupancy(s) Building Areas: Actual and Allowed (with heated and unconditioned areas) Type Construction Flood Zone Information (if applicable) Number of Units Number of Stories Horizontal Separation Distances Fire Resistance Ratings Fire Protection (sprinklered, non-sprinklered, alarms) Occupant Load Fire Rated Assembles Length of Exit Travel Number of Exits (actual & required) Other Information Pertinent to the Project	4 Sets of Plans are required: Design Professional Seals Must be on Plans When Required. Plot Plan on Survey is Required. Soil Tests are Required for All New Construction Projects. Allow a Minimum of 15 – 25 Working Days for Completion of the Review if no Revisions are Required.
Print Name of Submitter: _____	
Signature: _____	
TO BE COMPLETED BY STAFF:	
Date Received: _____	Received By: _____ Fax: _____