



**Community Development Department
Building Division**

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Helena, Montana 59623
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City of Helena

ESGIL PLAN REVIEW SUBMITTAL CHECK LIST

TO BE COMPLETED BY APPLICANT FOR NEW COMMERCIAL PROJECTS IN EXCESS OF \$500,000

CONTACT INFORMATION:

Contact Person for Project: _____
Title (owner, eng., archt.) _____
Mailing Address: _____
City/State/Zip: _____
Phone & Fax #: _____

PROJECT INFORMATION:

PLAN LOG#: (City will assign) _____

Name of Project: _____
Project Address/Legal Description: _____
Occupancy Group: _____
Type of Construction: _____
Occupancy Load: _____
Sprinkler / Fire Alarm System: _____

PLAN INFORMATION:

PAGES:

Site Plan/Civil Drawings _____ to _____
Geotechnical Report _____ to _____
Landscaping Sheets _____ to _____
Architectural Drawing-Sheets _____ to _____
Structural Drawing-Sheets _____ to _____
Structural Calculations _____ to _____
Mechanical & Plumbing Sheets _____ to _____
Electrical Sheets _____ to _____
Mech., Plmg., Elec. Calculations _____ to _____
Special Submittal (specs, calc's) _____ to _____

SQUARE FOOTAGE: (By Construction Type)

Basement _____ sf 3rd Floor _____ sf
1st Floor _____ sf 4th Floor _____ sf
2nd Floor _____ sf Other _____ sf

LIABILITY FOR FEES:

I, _____ (print) as owner or the owner's authorized representative will be responsible for any and all plan review and permit fees that accrue to this project if not otherwise accounted for.

Signature

Date