



Building and Permitting Services

Private Provider Plan Review Intake Information
(Required for New Construction, Remodel/Renovation, and Addition Requests)

****The Private Provider Firm performing the Plan Review must complete and submit this form with the permit application****

Lee County Permit Number: _____

Project Address: _____
(Street Address) (Suite, Unit, Floor, Etc.) (City) (State) (ZIP/Postal Code)

Private Provider Firm: _____

Select all that apply:

- Construction Plans Resubmittal (*response to deficiencies*) Revision (*after permit issuance*)

Design Data (Check all that apply to the scope of work):

Construction Contract Price: _____
Gross Floor Area: _____ Living Area: _____ Outside Area: _____
Occupancy Classification: _____ Construction Type: _____ Occupant Load: _____
Automatic Sprinklers: Yes No Impact Protection: Yes No (Shutters) N/A
Wind Speed: _____ Building Height: _____ Number of Stories: _____
Exposure: _____
Flood Zone (from FIRM map): _____ Required Elevation: _____
Finished Floor Elev: _____ Lowest Horizontal Member: _____
Evaluated for flood per FBC 1612 / R322: Yes No
Threshold Building: Yes No Threshold Package: Yes No
Water Source: City Well Sanitary System: Sewer Septic
Roofing Material: Fiberglass Metal Tile

Project Data (Check all that apply to the scope of work):

Building Mechanical Electrical Plumbing Roofing Sewer Connection
SEER: _____ AMPS: _____

Separate Permits Required (check all that apply):

Fire Sprinkler Fire Alarm Grease Hood Hood Suppression LP/Natural Gas Refrigeration
 Low Voltage Fence Dumpster Signage Canopy/Awning Separate Structure

Deferred Submittals (please list):

