# ICC PLAN REVIEW SERVICES
## TRANSMITTAL FORM

### Eastern Regional Office
900 Montclair Road  
Birmingham, AL 35213

### Central Regional Office
4051 W. Flossmoor Road  
Country Club Hills, IL 60478

### FROM*

<table>
<thead>
<tr>
<th>REQUESTED BY (INDIVIDUAL’S NAME)</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<tr>
<th>JURISDICTION OR FIRM</th>
<th>TELEPHONE NUMBER (INCLUDING AREA CODE)</th>
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<tr>
<th>STREET ADDRESS (NO P.O. BOXES)</th>
<th>FAX NUMBER</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>EMAIL ADDRESS</th>
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*Plan Review fee will be invoiced to the above named person unless otherwise specifically requested and authorized in writing.

### PROJECT NAME
(AS SHOWN ON THE PLANS)

### PROJECT ADDRESS

Please check where applicable:

- ( ) LIMITED SCOPE REVIEW  CODE YEAR ________________
- ( ) PRELIMINARY REVIEW (Building Only)  CODE YEAR ________________
- ( ) BUILDING REVIEW  CODE YEAR ________________
- ( ) MECHANICAL REVIEW  CODE YEAR ________________
- ( ) PLUMBING REVIEW  CODE YEAR ________________
- ( ) ELECTRICAL REVIEW  CODE YEAR ________________
- ( ) ENERGY REVIEW  CODE YEAR ________________
- ( ) ACCESSIBILITY REVIEW  CODE YEAR ________________
- ( ) SPRINKLER REVIEW  CODE YEAR ________________

*Note: Be sure to indicate any applicable amendments for the code discipline review requested.*