



Express Commercial Plan Review Program Version 2025_1013

Project Name and Address: Name: Signature: Date: [] By checking this box, I agree to digitally signing this form Phone: Email: Other Contacts: To ensure the customer's project team (i.e., tenant, building owner; contractor) receives automated email notices, please add those contacts to the case via the ePortal.

This Checklist provides the application criteria and submission requirements. Ensuring all the items listed are addressed will support positive communication between the designers and plan reviewers, which will expedite the overall review process. (NOTE: The Tenant Layout Alteration And Repair Commercial Checklist ELECTRONIC is also required.)

Project Type:

- [] Reroofing where no more than 256sqft of decking is replaced
[] Like-for-like replacements:
1. Mechanical equipment replacements (RTUs, split systems, other equipment)
2. All gas appliance replacements, pipe replacements, and gas meters
3. UGS Tank replacement and pipe replacement
4. Gas Station Pump replacement
5. Plumbing pipe and fixture replacements
6. Irrigation system backflow preventers
7. Electrical Service Equipment in the same location
[] Post Damage cases that do not require plans
[] Door hardware replacement/adding a door in a non-load bearing wall
[] Non-structural demolition linked to a submitted Tenant Fitout (TLO) or Alteration/Repair (A/R) application
[] Minor non-structural demolition which does not affect egress, rated assemblies, or plumbing fixtures
[] Temporary Sales trailers or sales office in a single model home garage
[] System Furniture installation/replacement and their associated electrical drops
[] Construction of non-rated demising walls in a final shell building
[] Construction Trailers and the associated service
[] Temporary Services 800 amps and less and 600volts and less
[] Low Voltage

Plans must be submitted in accordance with the ePlan Guide and the applicable plan submission checklist. Any revisions that add scope of work will require a formal revision submission, and a plan case will be created. Revision fees and submission fees will be applicable. Use of the Express Review Program is subject to the requirements outlined in the Express Review Policy.

Print Name: _____ Company Name: _____

Applicant Signature: _____ Date: _____

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