



MULTI-FAMILY PROJECT PROPOSAL REQUEST & SUBMITTAL FORM

Project Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Estimated Cost: _____

Architect / Project Contact: _____ Email: _____

Project Description:	
Number of Buildings:	
Number of Buildings with an Elevator:	
Number of Dwelling Units:	
Number of Unit Types:	
Resident Amenities (list):	
Parking Type (surface, garage, tuck-under, etc.):	
Funding Source:	<input type="checkbox"/> Private Funds <input type="checkbox"/> Federal/Public Funds or Tax Credits (HOME, LIHTC, etc.) – i.e., <i>SUBJECT TO SECTION 504</i> Notes: _____
Applicable Building Codes:	
Fair Housing Safe Harbor:	<input type="checkbox"/> IBC (select year): <input type="checkbox"/> 2000 <input type="checkbox"/> 2003 <input type="checkbox"/> 2006 <input type="checkbox"/> 2009 <input type="checkbox"/> 2012 <input type="checkbox"/> 2015 <input type="checkbox"/> 2018 <input type="checkbox"/> ANSI A117.1 (select year): <input type="checkbox"/> 1986 <input type="checkbox"/> 1992 <input type="checkbox"/> 1998 <input type="checkbox"/> 2003 <input type="checkbox"/> 2009 <input type="checkbox"/> 1998 FHA Design Manual

Requested Services	# of Reviews/Inspections	Requested Turnaround*
DD Plan Review		
CD Plan Review		
Inspection – Rough In / Framing		
Inspection – Drywall / Millwork		
Inspection – Substantial Completion		

**Access by Design will make every effort to accommodate your requested turnaround; however, we cannot guarantee a plan review period of less than 4 weeks. We kindly request a minimum of two weeks' notice to schedule inspections.*

Name: _____ Company: _____

Signature: _____ Date: _____ Email: _____