



Private Provider Plan Review Detail

This information must be provided simultaneously with the Provider Compliance Affidavit.

Project: _____ Date: _____
 Job Address: _____ Permit Number: _____
 Private Provider Firm: _____ Contractor: _____

This form should be completed in as much detail as possible

Building

Construction Type _____
 Occupancy Type _____
 Roof Type TL BT AS GL
 # of Stories _____
 # of Units _____
 General Description of Work: _____

Plumbing

of New Water Closets _____
 # of Changed Water Closets _____
 # of Bathtubs _____
 # of Showers _____
 # of Lavatories _____
 # of Water Heaters _____
 Sewer Line (in feet) _____
 Water Line (in feet) _____
 Other _____

Mechanical

New Install? Yes No
 Replacement? Yes No
 Package or Split Unit Pkg Split
 Size of Unit (in tons) _____
 # of Condensers _____
 # of Air Handlers _____
 Vertical or Horizontal _____
 # of Returns _____
 # of Supplies _____
 Heat Strip Size (in kw) _____
 Other _____

Electrical

New Service? Yes No
 Service Upgrade? Yes No
 Relocate Service? Yes No
 Temporary Sawpole? Yes No
 Fire Alarm? Yes No
 Security System? Yes No
 Data/Comm? Yes No
 Amperage to _____
 # of Meters _____
 # of Panels _____
 # of Altered Circuits _____
 # of New Circuits _____
 Other _____

Gas

Natural? Yes No
 Propane? Yes No
 New? Yes No
 Replacement? Yes No
 Equipment _____
 Piping _____
 venting _____
 Tank _____
 Type of Tank _____
 Other _____