



# Commercial Preliminary Plan Review Request Form

[DevelopmentATX.com](http://DevelopmentATX.com) | Phone: 311 (or 512-974-2000 outside Austin)  
For submittal and fee information, see [austintexas.gov/digitaldevelopment](http://austintexas.gov/digitaldevelopment)

This form is for requesting a Commercial Preliminary Plan Review Meeting. Please complete and sign the form then submit it by visiting the Expedited Building Plan Review webpage at <https://www.austintexas.gov/department/expedited-building-plan-review>.

New Construction/Addition       Finish Out/Remodel

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Brief Project Description/Questions:

Applicant: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Signing this form verifies that the information provided is deemed accurate and complete based on available records. The customer may be responsible for costs associated with corrections due to invalid information provided.*

Name and Signature: \_\_\_\_\_

Please check the review disciplines you would like present at the meeting. A per hour, per discipline fee applies. Fees can be viewed on the [Expedited Plan Review Fee](#) schedule.

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Building/Design Standards | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Health     |
| <input type="checkbox"/> Industrial Wastewater     | <input type="checkbox"/> Fire       | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Structural |

Indicate the requested meeting date and duration. Commercial Preliminary Plan Review Meetings will be scheduled on Tuesdays or Thursdays between 1:00 pm and 3:00 pm.

Requested Meeting Date: \_\_\_\_\_

Requested Meeting Duration: \_\_\_\_\_

Number of Applicant Attendees (Please limit to 8 attendees): \_\_\_\_\_