| TOWN OF ALPINE - PLAN REVIEW RECORD | | | | | |
|--|----------------------------|---|--|--|--|
| PERMIT #: (\ -\ \ \ -\ \ \ -\ \ \ \ -\ \ \ \ \ \ | | | | | |
| *************************************** | | | | | |
| ADDL TO | TYPE OF DEVITEW COMPLETED: | | | | |
| APPLICATION DATE: TYPE OF REVIEW COMPLETED: | | | | | |
| INSPECTOR: (Circle One): COMMERCIAL RESIDENTIAL | | | | | |
| OWNER: CONTRACTOR: | | | | | |
| CM 1 10 to 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | |
| JOB ADDRESS: MOLINE TO COLOR T | | | | | |
| PROJECT DESCRIPTION: MINE MINE | | | | | |
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| | | | | | |
| Date Received: 28 may 24 Date Completed: 3 JUNE 24 | | | | | |
| | | | | | |
| YES | NO | TO BE COMPLETED BY TOWN BUILDING OFFICIAL | | | |
| | | | ELIMINARY SITE PLAN REVIEW - LOCATION OF PROJECT, PROPOSED VEHICLULAR | | |
| | | | CESS, WATER/SEWER CONNECTION LOCATIONS, PROPOSED UTILITY'S | | |
| | | | LOCATIONS, PROPANE TANK LOCATION, DRIVEWAY (CULVERTS, if required), SETBACKS, ONSITE DRAINAGE FACILITIES (Commercial Only) | | |
| | | | | | |
| * | | co | COMPLIANT WITH 2021 INTERNATIONAL BUILDING AND/OR RESIDENTIAL CODE | | |
| | | TUDES (3) COMPLETE SET OF SCALED CONSTRUCTION DRAWINGS STAMPED BY A | | | |
| | | THREE {3} COMPLETE SET OF SCALED CONSTRUCTION DRAWINGS STAMPED BY A STATE OF WYOMING LICENSED ENGINEER: | | | |
| | | | | | |
| X | | | FOUNDATION | | |
| X | | b. | FLOOR PLAN | | |
| X | | C. | WALL SECTIONS | | |
| X | | d. | ROOF SYSTEM | | |
| X | | e. | BUILDING ELEVATIONS (Including Building Height from Finished Grade) | | |
| X | | f. | EXTERIOR MATERIAL SPECIFICATIONS | | |
| X | | g. | ELECTRIAL PLAN | | |
| X | | h. | PLUMBING PLAN {Fixture Locations} | | |
| X | | i. | HVAC SYSTEM DESCRIPTION | | |
| X | | j. | . INSULATION SCHEDULE: {ENERGY CODE, RESCHECK OR COMCHECK USED} | | |
| X | | k. RADON IDENTIFICATION | | | |
| | | 1. | TYPE OF OCCUPANCY IDENTIFIED RESTOENTIAL | | |
| | | M | ENGINEERING REVIEW NOTES/NEEDED | | |

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| CORRECTIONS IDENTIFIED: | | | | |
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| ADDITIONAL NOTES: | | | | |
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| BUILDING OFFICIAL REVIEW DEEMED: ACCEPTABLE UNACCEPTABLE | | | | |
| SIGNATURE OF BUILDING INSPECTOR REVIEWED BY: | | | | |
| Page 2 of 2 | | | | |