



Building & Safety Services Department

110 Academy Street, Canton, Georgia 30114
770-704-1517

Residential Plan Review Verification Form

Please fill out the following information completely. You must provide the Project Review Number as well as the Model Name and/or Number.

Project Information:

Address: _____ Lot #: _____

Model name and/or number to be built: _____

Has this model already been approved through plan review?: (Y) (N)

If yes, what is the approved Project Review number? (This # begins with BPR): _____

Are there any modifications for this project/address from the original approved plans? (Y) (N)

If yes, provide the scope and any details and drawings of the modification.

Square Feet: _____ Number of Stories: _____

Basement?: (Y) (N) If yes, is the basement finished?: (Y) (N)

Deck?: (Y) (N) If yes, what is the square footage of the deck?: _____

Contractor Information:

Contractor/Builder Name: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Business License #: _____ Expiration: _____

State License #: _____ Expiration: _____

Street Address: _____

City/State/Zip: _____

Signature of Licensed Contractor

Date