Town of Marana
Building Safety Department
11555 W. Civic Center Dr. Marana, AZ 85653
Phone: 520-382-2600 Fax: 520-382-2634

EXPEDITED PLAN REVIEW REQUEST FORM
(Please Print Clearly)

Project Name: _____

Project Description: _____

Project Location (include APN):_____

_____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY CONTACT: _____ PHONE #._____

EMAIL: _____

PERSON REQUESTING EXPEDITED PLAN REVIEW: _____

DESIGN PROFESSIONALS

NAME	DISIPLINE	COMPANY	FAX	EMAIL

SIGNATURE OF GUARANTOR: _____DATE:_____

- **THIS REQUEST FOR EXPEDITED PLAN REVIEW IS NOT GUARANTEED AND IS SUBJECT TO STAFF AVAILABILITY AND APPROVAL BY THE BUILDING SAFETY DIRECTOR.**

(FOR OFFICE USE ONLY)

DATE OF REQUEST: _____ AGREED UPON REVIEW TIME: _____

Request Approved Request Denied

Expedited Plan Review Fee: _____

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____ DATE: _____