

CITY OF MILWAUKEE HEALTH DEPARTMENT
Consumer Environmental Health Division
841 North Broadway, Room 304
Milwaukee, Wisconsin 53202
(414) 286-3674

PLAN REVIEW INFO SHEET

Date _____

Location: _____

Project Name: _____

Full Plan _____ Partial Plan _____ Plan Fee _____ Date Paid _____

**Send Plan
Letter To:**

Property Owner: _____

Address: _____

Phone: _____ Fax: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

Architect: _____

Address: _____

Phone: _____ Fax: _____

Licensee: _____

Address: _____

Phone: _____ Fax: _____

Primary Contact Person: _____

Address: _____

Phone: _____ Fax: _____