

## INTAKE PROJECT REVIEW BOX REQUEST

This form is to request access to the Intake Project Review Box for digital submission of project files for plan review, and to provide access to the identified project collaborators. A separate request is required for each project. Please include a copy of this request form when submitting the project fee.

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

District Name: \_\_\_\_\_

Form Submitted By: \_\_\_\_\_

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

**Project Collaborators** - Please include the applicant, design professional in responsible charge, and delegated design professionals on the form DSA 1 (*Please list a minimum of one entry*)

Name 1: \_\_\_\_\_ Email 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Email 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Email 3: \_\_\_\_\_

Name 4: \_\_\_\_\_ Email 4: \_\_\_\_\_

Name 5: \_\_\_\_\_ Email 5: \_\_\_\_\_

Name 6: \_\_\_\_\_ Email 6: \_\_\_\_\_

Name 7: \_\_\_\_\_ Email 7: \_\_\_\_\_

Name 8: \_\_\_\_\_ Email 8: \_\_\_\_\_

Name 9: \_\_\_\_\_ Email 9: \_\_\_\_\_

Name 10: \_\_\_\_\_ Email 10: \_\_\_\_\_

**Notes:**