



OFFICE USE ONLY

SUBMITTED: _____

INTAKE DATE: _____

ELECTRONIC PLAN REVIEW INTAKE REQUEST FORM

PROJECT INFORMATION:			
Project Name:			
Project Address:			
Tax Assessor Parcel Number(s):			
OWNER INFORMATION:			
Name:		Phone:	
Street:			
City/State/Zip:		Email:	
APPLICANT/CONTACT PERSON:			
Name:		Phone:	
Street:			
City/State/Zip:		Email:	
DESCRIBE THE PROPOSED PROJECT:			
PERMIT TYPES(S) APPLYING FOR:			
HAVE YOU HAD A PRE-APP WITH US? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____	

Signature by Owner/Agent: _____ Date: _____

Planning Division | 3510 Grandview Street | Gig Harbor, WA 98335 | 253.851.6170 | gigharborwa.gov

The City of Gig Harbor is pleased to offer electronic plan review.

Please submit completed [Intake Request](#) form to planningintake@gigharborwa.gov