REQUEST FOR ACCELERATED PLAN REVIEW

Attention: a new form must be filled out for each re-submittal of this plan.

Instructions: Complete items 1 through 5. You must include your Service Request number for this form to be processed.

1. SR NUMBER:____________________________________________________________

2. APPLICANT’S NAME: _____________________________________________________
   PHONE: (______) _______________________ E-MAIL: _________________________

3. PROJECT NAME: _________________________________________________________
   PROJECT ADDRESS: _____________________________________________________
   CITY: __________________________

3. TYPE OF PLAN REVIEW REQUESTED: ______________________________________ (Enter plan type code)
   • This is NOT a guarantee that your plan review will be accelerated. You will be billed for accelerated review services according to the current fee schedule.
   • Accelerated fees are due at time of pick-up.

5. SIGNATURE ________________________________ DATE: _____________

STOP HERE AND FAX TO:
714-368-8843

THIS SECTION TO BE COMPLETED BY THE OCFA

REQUESTED BY: __/__/__ DATE CONFIRMED: __/__/__ REVIEW COMPLETED __/__/__
TOTAL TIME: ___Hours ____ Minutes   REVIEWER ID #: ________________
___ ACCELERATED    ___ NOT ACCELERATED    ___ REQUEST CANCELLED