

City of Goshen Submittal Cover Sheet for Building Plans *(Required for New & Revised Submittals)*

**Please submit 4 complete sets of building plans**  
**Plans are required to be stamped & signed or will not be accepted.**

*To be Completed by Applicant:*

Date of Submission \_\_\_\_\_ Person Submitting Plans: \_\_\_\_\_

Site Plan Title: \_\_\_\_\_

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

Project Address **(REQUIRED):** \_\_\_\_\_

Project Description (new construction, addition, internal remodel, etc.): \_\_\_\_\_

*Property Owner:*

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*General Contractor:*

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Engineer:*

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Architect:*

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Person:**

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Plan Certification Form Submitted: \_\_\_\_\_ Yes \_\_\_\_\_ No

*To Be Completed by Staff Receiving the Plans:*

# Bldg Plans Submitted \_\_\_\_\_

Date & Time Submitted: \_\_\_\_\_

Received By: \_\_\_\_\_

Distributed By (with copy of cover sheet) \_\_\_\_\_

TO: Building \_\_\_\_\_ Planning \_\_\_\_\_

Fire Inspector \_\_\_\_\_ Engineering \_\_\_\_\_