



## MULTIFAMILY PROJECT PROPOSAL REQUEST & SUBMITTAL FORM

Project Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State\*\*: \_\_\_\_\_ Zip: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
 Architect / Project Contact: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*If the project is in Texas, would you like us to include the required TAS plan review and inspection services?     YES     NO

Project Description:	
Number of Buildings:	
Number of Buildings with an Elevator:	
Number of Dwelling Units:	
Number of Unit Types:	
Resident Amenities (list):	
Parking Type (surface, garage, tuck-under, etc.):	
Funding Source:	<input type="checkbox"/> Private Funds (may include HUD-insured loans) <input type="checkbox"/> Federal/Public Funds or Tax Credits (HOME, LIHTC, etc.) – <i>i.e., SUBJECT TO SECTION 504</i> Notes: _____
Applicable Building Codes:	
HUD-Recognized FHA Safe Harbor ( <i>please select one</i> ):	<input type="checkbox"/> IBC (select year): <input type="checkbox"/> 2000 <input type="checkbox"/> 2003 <input type="checkbox"/> 2006 <input type="checkbox"/> 2009 <input type="checkbox"/> 2012 <input type="checkbox"/> 2015 <input type="checkbox"/> 2018 <input type="checkbox"/> ANSI A117.1 (select year): <input type="checkbox"/> 1986 <input type="checkbox"/> 1992 <input type="checkbox"/> 1998 <input type="checkbox"/> 2003 <input type="checkbox"/> 2009 <input type="checkbox"/> 1998 FHA Design Manual

Requested Services	# of Reviews/Inspections	Requested Turnaround*
DD Plan Review		
CD Plan Review		
Inspection – Rough In / Framing		
Inspection – Drywall / Millwork		
Inspection – Substantial Completion		

\*Access by Design will make every effort to accommodate your requested turnaround; however, we cannot guarantee a plan review period of less than 4 weeks. We kindly request a minimum of two weeks' notice to schedule inspections.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_