



DEVELOPMENT SERVICES
CITY OF CORAL SPRINGS FLORIDA

BUILDING DIVISION

EXPEDITED PLAN REVIEW

Date: _____ Permit # _____

Print Your Name: _____

General Contractor: _____

General Contractor Address: _____

General Contractor Telephone: _____

Address of Job Site: _____

Request to Expedite the following:

- Plan Review Correction To Plan Review Revision

For The Following Discipline(s):

- Structural Electrical Mechanical Engineering
 Plumbing Fire Zoning

OFFICE USE ONLY

Permit Rep

I am responsible to reimburse the City of Coral Springs for the costs incurred from this request. Additional expedited plan review fees will be collected at time of permit pick-up if exceeds over one hour minimum.

Signature Of Authorized Representative _____

Title _____

FOR OFFICE USE ONLY				
DISCIPLINE	EXPEDITED REVIEW DATE		PLAN REVIEWER/INSPECTOR	Invoicing – \$76 ph Minimum 1 hour 15 minute increments
	Rec'd.	Completed		
Structural	/			
Electrical	/			
Mechanical	/			
Plumbing	/			
Fire	/			
Zoning	/			
Engineering \$150 (1 hr minimum)	/			