

## PLAN REVIEW DEFICIENCY REPORT

PROJECT NAME:  PROJECT ADDRESS:  PROJECT DESCRIPTION:  PLAN REVIEW DISCIPLINE:  DISCIPLINE REVIEW REPORT NUMBER:  CITY of Richmond	CITY OF RICHMOND NOTIFICATION APPROVAL NUMBER:				DATE:	
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Signature:Print Full Name and Title:				Date		
Print Full Name and Title:						
Agency Approval Id Number:						
Professional Engineer/ Architect or MCP Number:						

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