OSHPD

Facilities Development Division

Request for OTC Review

OTC Location

Project Information

Date:

Facility Name:

Facility #

Project #:

PAD #

Project Title:

Back Check ☐ Yes ☐ No

Contact Information

Contact Firm:

Contact Person

Phone Number

E-Mail Address

Plan Review Required

Disciplines: ☐ Architectural ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ FLSO ☐ Structural

Project Description