



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