

**This form is to be submitted by the project manager or requesting agency.  
Each form must be accompanied by a final set of bid plans.**



**METRO A.D.A. COMPLIANCE DIVISION  
PROJECT SUBMITTAL FORM**

**All fields must be completed. Use "N/A" if necessary.  
If completing by hand, please print.**



CIR Number:  Permit Application Number:

Requesting Agency:  Date Submitted:

Project Name:

Street Number, Name, and ZIP Code:

Map/Parcel Number:  Council District Number:

Plans Number:  Project Number:

**Project Description (select the best description):**

- |   |   |
|---|---|
| <input type="checkbox"/> New construction                         | <input type="checkbox"/> Infrastructure*                              |
| <input type="checkbox"/> Full rehab                               | <input type="checkbox"/> Playground, athletic field, recreation area* |
| <input type="checkbox"/> Renovation (existing plus new addition)* | <input type="checkbox"/> Maintenance                                  |
| <input type="checkbox"/> ADA upgrades only                        | <input type="checkbox"/> Roof   |

\*20% Cost of Alteration to Primary Function Area or 20% Cost of Milling & Paving:

**Project Manager(s) - Include phone number(s) and email address(es):**

**Registered Design Professional(s), if applicable - Include license number and state, phone number(s) and email address(es):**

Proposed Construction Start Date:

Proposed Construction End Date:

Proposed Project Cost:  FASTnet Number:

**Funding Source(s):**

[Click here to clear form and start over.](#)