One Step Application Simplified Checklist and Forms

**All documents must be submitted before the application process can begin**

- A letter to the ADA Office officially requesting to be a part of the One Step Program
  - ADA Office
  - 200 Ross Street, 4th floor
  - Pittsburgh, PA 15219
- At least 3 sets of Sealed Construction Drawings
  - Must be on 11”x17” pages or smaller
  - Must include Site Plan with property line
  - Must include measurements of ramp in relation to the surrounding public right-of-way (if applicable)

Public Works Department (If design affects public right-of-way):

- Department of Public Works Encroachment Application*
- Signed and notarized Petition* from adjacent property owners
- Proof of Insurance and Certificate
- Photographs of the site

Historic Review Commission (if located in a Historic District):

- Submitted Application for Certificate of Appropriateness*
- Architectural drawings, photographs, renderings, and a site plan
- Detailed description of proposed work
- Possible material samples

Zoning Department:

- Certificate of Occupancy
  - For more information, go to: http://pittsburghpa.gov/dcp/zoning/certificate-of-occupancy
- Surveyor’s Plot Plan*
  - Found at: http://www2.county.allegheny.pa.us/RealEstate/search.aspx
- Zoning Application*
- Building Permit Application*

Department of Permits, Licenses, and Inspections (PLI):

- Surveyor’s Plot Plan*
- Proof of Licensed Contractor

*Forms and/or examples attached below
CITY OF PITTSBURGH

DEPARTMENT OF PUBLIC WORKS

ENCROACHMENTS

The Following items are necessary in order to process any encroachment:

A letter addressed to the following:  
Michael Gable, Director  
Department of Public Works  
611 Second Avenue  
Pittsburgh PA 15219

A check for $150.00, payable to the “Treasurer, City of Pittsburgh”. PLEASE DO NOT DATE THE CHECK DUE TO PROLONG PROCESS. THANK YOU.

ENCROACHMENTS:  After receiving the information, we will do a review and verification then send the resolution to City Council. When this legislation is passed, we will send you a copy along with an acceptance certificate that must be signed and returned to this office. In addition, we will need an insurance certificate naming the City of Pittsburgh as an additional insured party, for the amounts listed in the encroachment once the legislation is passed.

All construction must be in compliance with City specifications.  
All material for construction must comply with City standards and must be itemized in the letter of request to the Director of the Department of Public Works.  
After receiving the information, the review process will begin. This process includes inspection by the administrator, field inspection by inspector, final approvals by Assistant Director’s and Directors Office, and finally sent to Council for their approval. These requests take an extensive amount of research and review, and we thank you for your patience.

If you have any questions regarding the above, please call  
Monday thru Friday 7:00 a.m. to 3:00 p.m.  
Eileen Papale at 412-255-2765
City of Pittsburgh
Department of Public Works

Application for an Encroachment on City Dedicated Right-Of-Way

Before application can be filed, anyone affiliated with this application must submit a tax & fine clearance statement. This statement must be signed off by all listed in the attached Ordinance. This information request if from City Code 416.03C. (see page 3)

Date____________________________

Name______________________________________________

Address_________________________________________________________________

Home Phone Number:_______________ Business Phone Number:_______________

Pager Number:_______________ Cell Phone Number:_______________

Location of Proposed Encroachment: __________________________________________

Ward: __________ Council District: __________

Lot and Block What is the properties zoning code? (zoning office 255-2235)

Is the existing right-of-way, a street or a sidewalk? ___________________

Width of Existing Right-Of-Way (sidewalk or street): _______ (Before encroachment)

Length of Existing Right-of-Way (sidewalk or street): _______ (Before encroachment)

Width of Proposed Encroachment: _______

Length of Proposed Encroachment: _______

Reason for application:________________________________________________________

________________________________________________________________________

PLEASE ATTACH ALL ADDITIONAL INFORMATION
Upon completion of the building, how many people will the structure accommodate? _____

As a result of this encroachment, will the project create jobs and if so how many? ________

I have enclosed a picture or drawing of the proposed structure to be placed on the site of the encroached property. (No Larger than 8” X 11”)

If there are abutting property owners, I have enclosed the petition (attached at the end of the application) received at the time of the application containing signatures of all adjacent property owners.

This petition has been witnessed and notarized.

I have enclosed a copy of the specifications. (No Larger than 8” X 11”)

I have enclosed a copy of a survey or plot plan of the property.

REMEMBER TO ATTACH ALL ADDITIONAL INFORMATION. (ie.: Letter to the Director, Insurance forms (these are due when the encroachment is approved), maps, specs, drawings, petitions, a check for $150.00 payable to Treasurer City of Pittsburgh).

_____________________________________________________________________________________

For Office Use:

Check for $150.00 _______ Received Plot Plan or Survey __________

Received Required Insurance_________ Petition signed and notarized__________

Received detailed map of proposed encroachment_________

Received drawing or picture of completed project__________

Received picture of proposed encroached property__________

Received signed, notarized Petition, if there are abutting property owners__________

All tax information in compliance__________ delinquent__________
To the Council of the City of Pittsburgh

Gentlemen:

We, the undersigned, being all of the property owners in interest and number, abutting upon the line of:

Lot & Block & Address of APPLICANT property: ____________________________

(Please Print)

Lot & Block & Address of abutting property RIGHT: ________________________

Lot & Block & Address of abutting property LEFT: _________________________

Respectfully petition Your Honorable body for the passage of a resolution or individual approval in your council district to encroach on the above listed right-of-way and in consideration of the premises, and for the purposes of inducing the corporate authorities of said City to enact a resolution or approval for said purpose, we do hereby stipulate, covenant and agree to release and forever discharge, said City from any and all claims for damages whatsoever which we, or either of us, may, might, or could have, or claim, for any reason of the encroachment of said public highway between said terminal points; and we further agree to indemnify, save harmless and defend said City from any claims and from the payment of any damages whatsoever resulting to any property owned by us, or either of us, or by any persons whatsoever, abutting or non-abutting, for or by reason of said encroachment.

We further waive the right to ask for the appointment of Viewers to ascertain and assess any damages caused by such encroachment, and in the event of any Viewers' proceeding being made necessary for or by reason of the passage of such resolution or approval, we do hereby jointly and severally agree and bind ourselves, our heirs, executors, administrators, successors and assigns to pay or cause to be paid to the Treasurer of said City all the costs and expenses incurred therein, the costs in court, the cost of advertising, handbills and any other expense incurred in such Viewers' proceedings, and that said amount shall be forthwith paid upon the City Solicitor certifying to the City Treasurer the amount of said costs.

IN WITNESS WHEREOF, We have hereunto set our hands and seals as of the

_______ Day of _______________, A.D. 20_____.

Witness

__________________________

Property Owners: (Please Sign & Print L&B)

__________________________ (seal)

Applicant: Signature & Lot & Block

__________________________ (seal)

Abutting 1 RIGHT SIDE OF APPLICANT: Signature & Lot & Block

__________________________ (seal)

Abutting 2 LEFT SIDE OF APPLICANT: Signature & Lot & Block

City of Pittsburgh

Personally came __________________________________ who being duly sworn says that he is personally acquainted with the owners of the property fronting or abutting upon the within described highway, and that he is one of the owners thereof, and that he knows said petition is signed by all of said owners, and that the signatures of said petition are the proper and genuine signatures of said owners.

Sworn and subscribed before me this _______ of ________, 20_____.
HISTORIC REVIEW COMMISSION OF PITTSBURGH
Application for a Certificate of Appropriateness

DEADLINE:
Completed applications must be received at least 13 working days prior to the HRC hearing, when a hearing is required.

FEE SCHEDULE:
See attached. Please make check payable to: Treasurer, City of Pittsburgh.

ADDRESS OF PROPERTY:
____________________________________________
____________________________________________

WARD: ______________________________________

OWNER:
NAME:______________________________________
ADDRESS: ___________________________________
____________________________________________
PHONE:_____________________________________
EMAIL: _____________________________________

APPLICANT:
NAME:______________________________________
ADDRESS: ___________________________________
____________________________________________
PHONE:_____________________________________
EMAIL: _____________________________________

REQUIRED ATTACHMENTS:
☐ Drawings ☐ Photographs ☐ Renderings ☐ Site Plan ☐ Other

DETAILED DESCRIPTION OF PROPOSED PROJECT:
____________________________________________________________________________
____________________________________________________________________________

SIGNATURES:
OWNER: ______________________________________ DATE:____________________
APPLICANT: __________________________________ DATE:___________________
**STAFF LEVEL REVIEW and FEES** – Project adheres to historic guidelines

<table>
<thead>
<tr>
<th>Type of Project</th>
<th>Residential Fees</th>
<th>Commercial Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-kind repairs</td>
<td>$25</td>
<td>$5 per linear foot of the façade</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(minimum $50)</td>
</tr>
<tr>
<td>In-kind restoration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical and HVAC</td>
<td>$25</td>
<td>$5 per linear foot of the façade</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(minimum $50)</td>
</tr>
<tr>
<td>Commercial awnings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painting</td>
<td>No Fee</td>
<td></td>
</tr>
</tbody>
</table>

**HISTORIC REVIEW COMMISSION LEVEL REVIEW AND FEES** – Project does not adhere to historic guidelines and changes in materials

<table>
<thead>
<tr>
<th>Type of Project</th>
<th>Residential Fees</th>
<th>Commercial Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awnings</td>
<td>$100</td>
<td>$10 per linear foot of the façade</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(minimum $150)</td>
</tr>
<tr>
<td>Fencing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement</td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>Change in materials</td>
<td></td>
<td>$10 per linear foot of the façade</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(minimum $150)</td>
</tr>
<tr>
<td>Change in fenestration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical and HVAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**All demolitions and historic nominations require full HRC review. Fees vary for demolitions ($100 or $400) and for historic nominations ($100 or $250) depending on type.**

* Residential review is for single-family homes, and structures originally built as houses with four units or less. Properties with more than four units and apartment buildings are considered commercial buildings.

* Applicants do not pay for both the Staff Review and the full HRC review for any single project. Fees are non-refundable.
Example of Surveyor’s Plot Plan
(Found at: http://www2.county.allegheny.pa.us/RealEstate/search.aspx)

PIN: 0002J00164000002

Data displayed on this map is for informational purposes only. It is not survey accurate and is meant to only show a representation of property lines.
The Zoning Application can be used for the following:
- New Construction of a 1-Family or 2-Family Dwelling;
- Repairs, Alterations, Additions to, and/or Extensions of either a 3-Family or larger Residential Dwelling or a Non-Residential Structure.

### Property Owner/Applicant Information

<table>
<thead>
<tr>
<th>Property Owner Name:</th>
<th>Phone Number: (   )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant/Company Name:</th>
<th>Phone Number: (   )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

Applicant/Contractor ID: (assigned by the City)

### Project Information

Address where Work will Occur:

Location of Work:

If a Certificate of Occupancy exists, the following is required:

Certificate of Occupancy#: Date Issued: Existing Use of Property:

<table>
<thead>
<tr>
<th>Estimated Construction:</th>
<th>Start Date: / /</th>
<th>Occupancy Date: / /</th>
<th>Project Cost: $</th>
</tr>
</thead>
</table>

Check the appropriate structure type:

- Residential, 1-Family Dwelling
- Residential, 2-Family Dwelling
- Residential, 3-Family or Larger Dwelling
- Non-Residential

Select the Type(s) of Work from the following categories:

- New Construction of:
  - 1-Family Dwelling Structure
  - 2-Family Dwelling Structure
- Addition to or Extension of:
  - Existing Primary Use Structure
  - Existing Accessory Structure
- Alteration or Repair Type:
  - Structural, Interior
  - Structural, Exterior
  - Aesthetic, Interior
  - Aesthetic, Exterior

- New Certificate of Occupancy is Needed

Describe the Work:

Provide the Square Footage (sq. ft.) of each of the items listed below, even if the answer is zero:

Lot Area: Existing Structure to be Retained: 
Building Footprint: Retained Space to be Renovated/Altered: 
Existing Structure to be Razed: New Structure to be Constructed: 

Provide the Structure Height(s):

<table>
<thead>
<tr>
<th>Main Structure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stories</td>
<td>Feet</td>
<td></td>
</tr>
<tr>
<td>Stories</td>
<td>Feet</td>
<td></td>
</tr>
</tbody>
</table>

On-Site Parking: New Total Number of Spaces After Work is Complete: N/A

Please check any of the following items that will be part of the proposed work:

- Demolition
- Electrical
- Fire Alarm
- Fire Protection/Sprinklers
- HVAC (Interior)
- HVAC (Exterior)
- Commercial Cooking Hood
- N/A

Please check the following items that pertain to any work proposed on private plumbing:
(i.e. plumbing between a public sewer or water line and a building, including plumbing inside the building):

- Repair or Replace Existing Plumbing
- New Construction of Plumbing
- No plumbing work is proposed

Applicant will be applying for Visitability Tax Credit? Yes No
Please see page four (4) for instructions and additional permit information.

A. PROPERTY/OWNER INFORMATION

Property Street Address (no PO Box): ____________________________________________________________

Lot-Block: ________________________________________________________________________________

Owner's Name: ____________________________________________________________________________

Phone: _________________________________ Fax/Email: ______________________________________

B. SCOPE OF WORK

Description of Work: _______________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Check ALL That Apply:

☐ Interior Work

☐ Partial change In Use

☐ HVAC Work

☐ Exterior Work

☐ Complete change in use

☐ Electrical Work

☐ Addition

☐ Sprinkler Work

☐ New Building

☐ Fire Alarm Work

C. CODE INFORMATION (To Be Completed By Design Professional)

Work requiring special documentation (Check all that apply):

☐ Project is regulated by Health Care Facilities Act.

☐ Project is in Flood Plain Overlay District.

Compliance Path For Existing Buildings:

International Existing Building Code

☐ Prescriptive (Chapter 3)

☐ Work Area (Chapter 4-12)

☐ Performance (Chapter 13) *

International Building Code

☐ Prescriptive (Chapter 34)

☐ Performance (Section 3412) *

* Requires special inspection to verify compliance of construction with approved scoring.

Use Groups (Check all that apply):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Construction Type:

IA IB IIA IIB IIIA IIIB IV VA VB

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Building Area & Height:
Gross area per floor: _______________________________________ Stories Above Grade: __________
Gross area to be renovated: ____________________ Stories Below Grade: __________
Addition/New Construction - total gross area* to be constructed: ____________________
*This will be used to calculate permit fee.

Height of highest floor above lowest level of fire department vehicle access: ____________________

<table>
<thead>
<tr>
<th>Life Safety Systems</th>
<th>Req’d</th>
<th>Ex’g</th>
<th>New</th>
<th>Partial</th>
<th>Throughout</th>
<th>Type/Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic Fire-Protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standpipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Alarm</td>
<td></td>
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</tbody>
</table>

Exits:
# of Exits per Story: ________________
Fire-rating of exit enclosure: __________

Special Inspections:
A statement of Special Inspection compliance, as required per IBC Section 1704, is enclosed.

Energy Code Compliance:
Thermal Envelope (as applicable): ____________________
Electrical: ____________________
- Prescriptive
- U-factor alternative (ComCheck)
- ASHRAE - 90.1
- Total Building Performance

Mechanical: ____________________
- New Interior Lighting
- New Exterior Lighting

Accessibility:
Please identify how the project is complying with most current PA UCC accessibility provisions:
- Building is fully compliant.
- Work area and route to it (including toilet rooms and drinking fountains) is fully compliant.
- PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of technical infeasibility).
- One of the following exceptions apply:
  - Accessible route is being improved to a minimum cost of 20% of the remaining cost of work (including MEP).
  - Alterations are limited solely to the following: windows, hardware, operating controls, electrical outlets and signs, mechanical/electrical/fire protection systems, and/or abatement of hazardous materials.
  - Purpose of alterations are to increase the accessibility.

If dwelling/sleeping units are required to comply with accessibility provisions, check all that apply:
- Accessible Dwelling/Sleeping unit, #: ____________________
- Type A Dwelling/Sleeping unit, #: ____________________
- Type B Dwelling/Sleeping unit, #: ____________________
  Please note the drawings must note which toilet and bathing facility option is selected.

Date of Design Contract: ____________________
**D. PERMIT RELATED INFORMATION** (To be completed by Contractor, if selected)

**General Contractor:**

Name: ___________________________  License Number: BL00__________________

Email/Fax: ___________________________  Phone: ___________________________

Total Job Cost: ___________________________  Cost of Renovations*: ___________________________

*This will be used to calculate permit fee.

Signature: ___________________________

**E. APPLICANT'S AFFIDAVIT**

As the Owner of the property for which this application is filed, or authorized agent, I certify that:

1. The information provided as part of this application is correct.

2. The building/structure, or portion thereof, will not be occupied until a "Certificate of Occupancy" has been issued by the City of Pittsburgh.

3. The project will be constructed in accordance with the approved construction documents.

4. Any changes to the approved construction documents will be submitted to the Bureau of Building Inspection for review and associated fees paid.

5. If the responsible design professional in charge or general contractor should change, written notice of the change will be provided to the Bureau of Building Inspection.

6. I understand that no error or omission in the construction documents or application, whether approved or not, shall permit or relieve me from complying with the applicable building codes, as amended by the City of Pittsburgh.

7. This work has been authorized by the Owner and I have been authorized by the Owner to complete this application on their behalf.

Signature: ___________________________  Name: ___________________________

(Print)

Contact Information (if authorized agent):

Address: ____________________________________________

_____________________________________________________

Email/Fax: _________________________________________
PERMIT APPLICATION PROCESS
The Commercial Permit application process is two-fold. The first component is review and approval by the Zoning Department for the land use as regulated by Pittsburgh's Zoning Code. The second component is review and approval by BBI for compliance with Pennsylvania's Uniform Construction Code (UCC), as amended locally.

Applications shall be submitted in person at the Zoning Counter located at 200 Ross St, 3rd Floor, Pittsburgh, PA, 15219. Two separate checks or money orders will be required, one for the Zoning filing fee, the other for the Building Permit fee.

PERMIT FORM
The Commercial Permit Form is required to be submitted with all Commercial Permit applications that require drawing submittal and review. Permit applications with missing or incomplete forms will not be accepted into the BBI Plan Review Queue.

A. PROPERTY/OWNER INFORMATION
A valid property address is essential for permit applications. Please check Allegheny County Real Estate's website to verify that address is an officially recognized address. If the address is not valid, the Owner, or authorized agent will need to request an address from Public Works.

B. SCOPE OF WORK
Please note all work that that is intended to be performed in association with the renovations.

C. CODE INFORMATION
This section shall be completed, signed and sealed by the Design Professional. As noted above, permit applications with missing or incomplete forms will not be accepted into the BBI Plan Review Queue.

Work requiring special documentation:
If project is regulated by Health Care Facilities Act submitted drawings shall be approved by PA Department Health.

If project is in Flood Plain Overlay District, an application for construction in the Flood Plain shall be submitted to the Planning Department. Drawings shall note Flood Plain compliance, as required.

Compliance Path For Existing Buildings:
If the permit includes renovations to an existing building, the selected compliance path shall be noted so that the application is reviewed accordingly.

If the Performance Path (IEBC Chapter 13 or IBC 3412) is selected, a Special Inspector is required to verify that the building and construction comply with the approved scoring. Please refer to our Special Inspections form for additional information.

Use Groups:
All use groups in the structure shall be identified, including areas outside of the work area, in order to confirm compliance with mixed use requirements.

Construction Type:
Unless otherwise permitted by the IBC, identify the Construction Type that the entire structure conforms to.
Building Area & Height:
This information is required regardless of the size of the work area in order to understand overall building requirements as it relates to specifics of this permit application. For additions and new construction, the primary component of the permit fee is based on the total gross area to be constructed.

Fire Protection Systems:
Each of these systems shall be identified as required (or not), existing, or proposed (to be added). The extent of system shall be noted; throughout shall mean throughout the building. Sprinkler standards shall be NFPA 13D, 13R or 13. Standpipe Class are I, II, or III. Fire alarm types are Manual or Automatic.

Exits:
Identify the existing/proposed number of exits per story and associated fire-rating.

Special Inspections:
It is the responsibility of the Design Professional in Responsible Charge to provide a statement of Special Inspection compliance, please see IBC Section 1704 and our Special Inspections form for additional information.

Energy Code Compliance:
The compliance path for energy code compliance shall be identified and the supporting documents showing compliance shall be included with the permit application.

Accessibility:
Please note under the UCC only Labor & Industry's Accessibility Advisory Board has the authority to modify, issue variances, or determine technical infeasibility as it relates to accessibility provisions.
The permit application shall include a site plan identifying the public arrival point and accessible route from this point to the accessible entrance(s). The Construction Documents shall identify accessible route and accessible features to verify compliance with the UCC.
If PA Labor & Industry's Accessibility Advisory Board has approved a variance, a copy of their approval letter shall be enclosed with the permit application.
The drawings shall note any applicable accessibility exceptions.
If the accessible route is being improved, City of Pittsburgh's "Improved Accessible Route Cost Verification" form shall be completed and sealed by the Design Professional.
The drawings shall note dwelling/sleeping unit type (Accessible, Type A, or Type B) as applicable. For Type B, the applicable toilet and bathing facility option selected shall be noted.
The date of the design contract is required to determine the applicable Accessibility codes. If signed prior to December 31, 2012 a copy shall be provided for our records.
The Responsible Design Professional in Charge shall sign and seal where indicated at the end of this section.

D. PERMIT RELATED INFORMATION
If the contractor has been selected, this section shall be completed and signed by the contractor, or an authorized agent. For renovations, the cost of work is the basis for the primary portion of the permit fee. It should include only general trade work. The cost of work associated with MEP/FP work is assessed under those permits.

E. APPLICANT'S AFFIDAVIT
The applicant shall sign the affidavit and provide contact information, if an authorized agent (not the Owner). If this section is unsigned, the permit application will not be accepted into the BBI Plan Review Queue.