



PLAN REVIEW APPLICATION



Applicant Name: _____

Applicant Business Name: _____

Applicant Business Address: _____

Phone Number: _____ Email Address: _____

Are you the: Property owner Business owner Licensed Contractor Authorized representative

Project/Business Name: _____

Previous Business Name (if known): _____

Project/Business Address: _____

Occupancy Classification: Assembly Business B-Ambulatory Healthcare Education Factory/Industrial
 High-Hazard Institutional Mercantile M-Selling consumer fireworks Residential Storage Utility

Occupancy: New Existing Change of Use Temporary Additions Alterations Repairs

Square footage of area of Work: _____ Number of floors of area of Work: _____ Schedule Fee: _____

Scope of Project: Building Plans MEP's Commercial Kitchen Exhaust Hood System Fire Alarm System
 Fire Sprinkler System Fire Suppression System: Carbon Dioxide Clean Agent Dry Chemical Kitchen
 Foam Suppression System Standpipe System

Special Projects: Consumer Fireworks Event Spectator Seating System Tent

Scope of Project Details: (Please include detailed information related to the scope of this project.)

Applicant's Signature _____ Date _____

Office of the Fire Marshal Use

Date Received: _____ Received by: _____

Invoice # _____ Fee amount: _____ Paid: Check # _____ Cash