

Wallingford Fire Department
Fire Prevention Division
75 Masonic Avenue, Wallingford, CT 06492
Phone (203) 294-2766 Fax (203) 294-2736
firepreventiondivision@wallingfordfd.com



PLAN REVIEW APPLICATION

Occupancy Name: _____

Occupancy Address: _____

Occupancy Type: _____ Occupancy: New Existing Change of Use

Contact Name: _____

Contact Phone: Work: _____ Cell: _____

Contact E-mail: _____

Building Plans Fire Alarm System Fire Sprinkler System Food Service Type I Hood System

Square Footage of area of work: _____ Schedule Fee: _____

Scope of Work: _____

This completed form must be accompanied by a set of plans.

The plan review may take up to 30 business days after being received by the Fire Prevention Division.

Upon completion of the plan review, the plan review will be emailed to the Contact and Wallingford Building Department.

In the event of modifications or changes to the plans that have been submitted, a new set of plans showing the changes must be submitted for review.

Applicant's Signature _____ Date _____

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Fire Prevention Division Use

Date Received: _____ Received by: _____

Fee amount: _____ Paid: Check Cash