

# Fire Marshal Submittal: Plan Review Request Form

(PLEASE PRINT CLEARLY)

**Please indicate the type of plan review that is being requested:**

Sprinkler System \_\_\_\_\_ Alarm System \_\_\_\_\_ Hood Suppression \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ Pr or PL number \_\_\_\_\_

SHOPPING CENTER / COMPLEX NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STE# \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OWNER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DESIGNER PROFESSIONAL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## **FOR OFFICE USE ONLY**

Minimum of 2 set of plans required for submittal, **number submitted:** \_\_\_\_\_

Minimum of 2 set of details required for submittal, **number submitted:** \_\_\_\_\_

\*Minimum of 1 set of specs required for submittal, **number submitted:** \_\_\_\_\_

\*Note: One set of specs will remain in Fire Marshal's Office. If you would like a field set, please submit more than one.

## **FIRE MARSHAL**

DATE RECEIVED \_\_\_\_\_

APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_