

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 _____
