



APPLICATION FOR PLAN REVIEW

Review Log #: _____

Date Submitted: _____

Date Completed: _____

TYPE OF SUBMITTAL: Construction Review Underground Fire Line
 Auto Sprinkler System Fire Alarm System Auto Hood System
 Other (Please describe): _____

Name of Project/Business: _____

Address of Project/Business: _____

Description of Project: _____

APPLICANT FOR REVIEW:

Company: _____ Contact: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ Other: _____

FOR OFFICE USE ONLY:

Permitted/Approved: _____ Total Hours: _____

**PLAN REVIEW FEES ARE PAYABLE AT PICK UP.
NO PLANS WILL BE RELEASED UNTIL FEES ARE PAID IN FULL!**

Construction Plans	_____	Fire Alarm	_____
Underground Fire	_____	Hood Systems	_____
Sprinklers Other	_____	Other	_____
		Total Fees	_____

PAID _____ Check _____ Cash _____ Receipt # _____