

Fire Marshal Submittal: Plan Review Request Form

FireRMS Number _____
(FOR OFFICE USE ONLY)

(PLEASE PRINT CLEARLY)

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

Sprinkler System _____ Alarm System _____ Hood Suppression _____

PROJECT NAME: _____

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 _____