

COMMERCIAL PLAN REVIEW APPLICATION

SCOPE OF WORK	TYPE OF PROJECT	PHASED PLAN REVIEW
<input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	<input type="checkbox"/> Repairs <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing C of O	<input type="checkbox"/> Foundation <input type="checkbox"/> Footers <input type="checkbox"/> Shell <input type="checkbox"/> Build Out <input type="checkbox"/> Complete Project
APPLICATION RELATED INFORMATION: ■ Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the preliminary plan review number: _____ ■ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received: <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order you received: _____		
PROJECT/BUILDING LOCATION: Building Name _____ Street Address _____ Suite _____ ■ Is this project/building located in a flood plain? <input type="checkbox"/> Yes No <input type="checkbox"/> ■ Has flood plain administrator been contacted for requirements? <input type="checkbox"/> Yes No <input type="checkbox"/>		
BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: _____ _____ _____		
BUILDING OWNER INFORMATION: Name of Owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-Mail _____		
APPLICANT INFORMATION: Name of Owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-Mail _____		
REGISTERED DESIGN PROFESSIONAL INFORMATION: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire Protection System Designer Designer _____ Registration /Certification No. _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-Mail _____		

BUILDING CODE INFORMATION:

(Information applies to construction area in a mixed groups building, or entire building is a single use group building)

Current use group(s) _____ Current use group(s) _____ Current use group(s) _____

Occupancy Description: _____

GENERAL BUILDING INFORMATION: (The following information applies to the **entire building**, not just construction area)

■ Building Information:

Use group(s)? _____ Mixed use group(s)? _____ No ____ Yes ____ Separated ____ Non-separated

Construction Type _____ Building height (FT) _____ No. of Stories _____

Occupant Load _____ Storage height (FT) _____ Storage aisle width (FT) _____

List USE GROUP below for mixed use building

List Occupancy Type for associated use group below

■	■
■	■
■	■
■	■
■	■

■ **Fire Protection Systems:** (Enter each type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)

Building sprinkler system? _____ Sprinkler demand @ base of riser (PSI)? _____

Type 1 hood

Limited area sprinkler system? _____ Suppression? _____ In-Rack sprinkler system? _____

Building fire alarm system? _____ Fire detection system _____ Smoke detection system _____

CERTIFICATION:

I certify that I am the _____ Owner _____ Owners
Authorized Agent

All information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature _____

Print Name: _____ Date _____

THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Date received _____ Application No. _____

Check No. _____ Verification No. _____

Processed by: _____ Walk in _____ Mail in _____