

## Plan Review Worksheet

Type of Building Construction: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Development Square Footage: \_\_\_\_\_ Building Square Footage: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Plans are to scale: \_\_\_\_\_

Other than normal janitorial supplies, will any hazardous material be stored, used or dispensed in the building or at the site? \_\_\_\_\_

If yes, provide names, aggregate amounts, container size & types, and MSDS's for each material with submitted plans.

Will there be storage over 12' in height? \_\_\_\_\_ If yes, how high and what will be stored?

\_\_\_\_\_

### General Contractor

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Fire Systems Contractor

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Architect

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner

Owner Name/ Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: By submitting this Plan Review Worksheet, the applicant represents that all information contained in this Plan Review Worksheet is true and accurate, and that the applicant has full authority to submit this Plan Review Worksheet. The applicant represents and agrees that the owner, contractor, architect, subcontractors and their employees, agents and representatives, will comply with all requirements of the Fire Code and any other applicable Codes or Standards.**

\_\_\_\_\_  
Applicant Name & Title

\_\_\_\_\_  
Date