

## COMMERCIAL PLAN REVIEW APPLICATION

*\*Must be filled out completely*

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
<b>APPLICATION RELATED INFORMATION:</b> ■ 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: _____		
<b>PROJECT/BUILDING LOCATION:</b> Building/Tenant Name _____ Street Address _____ Suite _____  ■ Is this project/building located in a flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No ■ Has flood plain administrator been contacted for requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:</b> _____ _____		
<b>BUILDING OWNER INFORMATION:</b> Name of Owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-Mail _____		
<b>APPLICANT INFORMATION:</b> Name of Owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-Mail _____		
<b>REGISTERED DESIGN PROFESSIONAL INFORMATION:</b> <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 group 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)? \_\_\_\_\_  
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

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**MIXED USE:**

\_\_\_ Accessory Occupancies  
\_\_\_ Separated Mixed Use  
\_\_\_ Non-Separated Mixed use  
\_\_\_ Combination Sep./Non-Sep. Mixed

**SPECIAL PROVISIONS:**

\_\_\_ Unlimited Area \_\_\_ High-Rise \_\_\_ Other

**COMMODITY & STORAGE METHOD:**

\_\_\_ Combustible Storage \_\_\_\_\_  
\_\_\_ Hazardous Material Storage \_\_\_\_\_

**FIRE PROTECTION SYSTEMS:** \_\_\_ N/A \_\_\_ Required \_\_\_ Non-Required

\_\_\_ Sprinkler \_\_\_ Fire Alarm \_\_\_ Standpipe Other \_\_\_\_\_

\_\_\_ NFPA 13 \_\_\_ Manual  
\_\_\_ NFPA 13D \_\_\_ Smoke Detection  
\_\_\_ NFPA 13R \_\_\_ Single-/Multiple-Station Smoke Alarms  
\_\_\_ Limited Area

**KITCHEN HOOD SYSTEM:** \_\_\_ Type I with suppression \_\_\_ Type II

**CERTIFICATION:**

I certify that I am the Authorized Agent and 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 \_\_\_\_\_