



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

FP# _____

Permit # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

_____ CONSTRUCTION	_____ REVISE	_____ ALTERATION
_____ MULTIPLE DWELLING	_____ CIVIL	_____ COMMERCIAL
_____ INTERIOR	_____ HOOD SYSTEM	_____ FUEL TANK/LINES
_____ LP GAS	_____ FIRE ALARM	_____ FIRE SPRINKLER
_____ FIRE SUPPRESSION	_____ HVAC	_____ OTHER _____

NAME OF OWNER OR ENGINEER

ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR

ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME

APPLICATION DATE

TELEPHONE NUMBER

FAX NUMBER

\$ _____
VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	VOUCHER	CHECK #	MSTU
		DATE RECVD	

FIRE DEPT OFFICIAL

MAKE CHECKS PAYABLE TO: "BCCPBC" or "BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY"