



**PALM BEACH COUNTY FIRE RESCUE
PLANS REVIEW APPLICATION**



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 _____

- CONSTRUCT REVISE ALTER
- 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

FIRE REVIEW FEE

CHECK # _____
DATE REC'D _____

MSTU #

FIRE DEPARTMENT OFFICIAL
PALM BEACH COUNTY FIRE RESCUE