

DATE: _____

NAME/COMPANY NAME FOR RECEIPT:

BILLING ADDRESS FOR RECEIPT: _____

JOB DESCRIPTION:

NEW PLANS OR REVISED PLANS:

SITE LOCATION/ADDRESS:

NEW SQ FOOTAGE FOR JOB:

EXIST SQ FOOTAGE FOR JOB:

ESTIMATED COST OF PROJECT:

CONTACT PERSON: _____

CONTACT NUMBER: _____

CONTACT EMAIL ADDRESS: _____

****IF REVISED PLANS THE PRC # MUST BE REFERENCED****

**** IF NEW PLANS BEING SUBMITTED FOR THE FIRE SUPPRESSION, SPRINKLER OR ALARM SYSTEM THEY WILL NEED TO BE DONE SEPARATELY & WILL BE UNDER A DIFFERENT PLAN**

REVIEW #. **

EMPLOYEE USE ONLY

INSPECTION DEPARTMENT FEES: _____

FIRE MARSHAL FEES: _____

OTHER FEES: _____

TOTAL FEES DUE: _____

