



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



**NO. 50623**

FP # \_\_\_\_\_

Permit # \_\_\_\_\_

**TO BE FILLED OUT BY THE 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

\_\_\_\_\_  
 EMAIL

\_\_\_\_\_  
 VALUATION OF PROPOSED WORK

**FOR OFFICE USE ONLY**

FIRE REVIEW FEE

CHECK # \_\_\_\_\_  
 DATE REC'D \_\_\_\_\_

MSTU #

\_\_\_\_\_  
 FIRE DEPARTMENT OFFICIAL  
 PALM BEACH COUNTY FIRE RESCUE