

# Plan Review Application

Plan # \_\_\_\_\_

FOUR COMPLETE SETS OF PLANS STAMPED "**APPROVED FOR CONSTRUCTION**" MUST BE SUBMITTED WITH THIS APPLICATION  
ONE SET CAN BE SUBMITTED FOR **REVIEW ONLY**, ONCE APPROVED THREE MORE SETS MUST BE SUBMITTED FOR FINAL APPROVAL

- Residential** (Only three sets of plans needed)
- Local Fire Alarm** (Fire Alarm Plan Review Worksheet must be submitted)
- Municipally Connected Fire Alarm** (Fire Alarm Plan Review Worksheet must be submitted)
- Sprinkler**    **Suppression**    **Build/Fit out**    **Site/Life Safety**    **other** \_\_\_\_\_

Name of Facility \_\_\_\_\_

Location of property \_\_\_\_\_

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_

Contact Person: Name: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Designer of System: Name: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Type of Work:    New    Addition    Renovation

Number of Units:    1    2    3   Other: \_\_\_\_\_

Total square footage of the building: \_\_\_\_\_ sq'

Number of stories **below** grade:    1    2    3   Other: \_\_\_\_\_

Number of stories **above** grade:    1    2    3   Other: \_\_\_\_\_

Cost of Project: \_\_\_\_\_

**Upon completion this project shall meet all applicable sections of the RI Fire Code.**

Owner or Representative \_\_\_\_\_ date \_\_\_\_\_

Contractor \_\_\_\_\_ date \_\_\_\_\_