



PLAN REVIEW TRANSMITTAL FORM

Submitted by:

Address:

Project Name:

Project Address:

Total # of Sets Enclosed:

Type of Review:

- Initial Review
- Re-Review – FSCI Plan Review #
- As-Builts

Inspections:

- With Inspections
- Without Inspections

Please check ALL that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Building | <input type="checkbox"/> 13D | <input type="checkbox"/> Hydraulic Calcs | <input type="checkbox"/> Cut Sheets |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Alarm | <input type="checkbox"/> Battery Calcs | <input type="checkbox"/> Voltage Drops <input type="checkbox"/> Cut Sheets |
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Clean Agent | | |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> CO ² System | | |
| <input type="checkbox"/> Life Safety | <input type="checkbox"/> Kitchen Mechanical | | |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Hydraulic Calcs | <input type="checkbox"/> Cut Sheets |
| <input type="checkbox"/> Special Systems | <input type="checkbox"/> Paint Booth | | |
| <input type="checkbox"/> Fire Code | <input type="checkbox"/> Kitchen Wet Chemical | | |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Fire Pump | | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Standpipe | | |
| | <input type="checkbox"/> Underground | | |

Please complete this review as outlined below:

- Regular Review
- Expedited Review (Additional Fees Apply)

Contact Information for Payment of Plan Review Fee:

Name:

Company Name:

Tel #:

E-mail:

Comments: