



BUILDING/LIFE SAFETY PLAN REVIEW TRANSMITTAL FORM

Plans Submitted by:

Phone Number:

Project Name:

Project Street Address:

Project City, State & Zip:

Permit # (if applicable):

Total # of Sets Enclosed:

Review Info:

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

Inspections:

- With FSCI Inspections
- Without FSCI Inspections

Please complete this review as outlined below:

- Regular Review (10 Business Days)
- Expedited Review (5 - 7 Business Days – Additional Fees Apply)

Please check the type of review you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Building | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> Fire Code | <input type="checkbox"/> Special Systems |
| <input type="checkbox"/> Life Safety | <input type="checkbox"/> Other: |

Contact Information for Payment of Plan Review Fee:

Name: _____ Company Name: _____
Tel #: _____ E-mail: _____
Comments: _____

****Failure to Fill Out This Form Completely Will Cause a Delay in Completing Your Review****