



**FIRE PROTECTION 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 up to 4 FSCI Inspections
- Without FSCI Inspections

***Please complete this review as outlined below:***

- Regular Review (10 Business Days)
- Expedited Review (3-5 Business Days – Additional Fees Apply)

***Please check the type of review you are requesting:***

- |  |  |
|--|--|
| <input type="checkbox"/> 13D                     | <input type="checkbox"/> Kitchen Hood Wet Chemical |
| <input type="checkbox"/> Clean Agent             | <input type="checkbox"/> Paint Booth               |
| <input type="checkbox"/> CO <sup>2</sup> System  | <input type="checkbox"/> Sprinkler                 |
| <input type="checkbox"/> Fire Alarm              | <input type="checkbox"/> Standpipe                 |
| <input type="checkbox"/> Fire Pump               | <input type="checkbox"/> Underground               |
| <input type="checkbox"/> Kitchen Hood Mechanical | <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\*\***