



BILLINGS FIRE PROTECTION PLAN REVIEW TRANSMITTAL FORM

Plans Submitted by:

Phone Number:

Project Name:

Project Street Address:

Project City, State & Zip:

Permit # (if applicable):

Project Valuation:

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"/> Paint Booth |
| <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> CO ² System | <input type="checkbox"/> Standpipe |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Underground |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Kitchen Hood Wet Chemical | |

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****