



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

<b>Contact Information for Payment of Plan Review Fee:</b>	
Name: _____	Company Name: _____
Tel #: _____	E-mail: _____
Comments: _____	

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