



## 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 Mechanical Hood |
| <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 Wet Chemical | 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\*\***