

FIRE SUPPRESSION SYSTEM

Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in **.pdf format** to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

Create online as: **Commercial Mechanical**

1. **Plans** [<Building Plans>](#)

- a. Plans and/or specification from manufacturer, name and address of design professional. _____

2. **Supporting Documents** [<Supporting Docs>](#)

- a. Permit application (check appropriate trade) (mechanical) completed and signed. _____
- b. Fire Rescue application and fee _____



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

FP# _____

PERMIT # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

- _____ CONSTRUCTION _____ REVISE _____ ALTERATION
- _____ MULTIPLE DWELLING _____ CIVIL _____ COMMERCIAL
- _____ INTERIOR _____ HOOD SYSTEM _____ FUEL TANK/LINES
- _____ LP GAS _____ FIRE ALARM _____ FIRE SPRINKLER
- _____ FIRE SUPPRESSION _____ HVAC _____ OTHER _____

NAME OF OWNER OR ENGINEER ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME APPLICATION DATE

TELEPHONE NUMBER _____ FAX NUMBER \$ _____ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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