



PALM BEACH COUNTY FIRE RESCUE
PLANS REVIEW APPLICATION



No. _____

FP# _____

Permit# _____

To be Completed by the Applicant

The Undersigned Hereby Applies for Plans to be Reviewed for Compliance with the Current Edition of the Florida Fire Prevention Code and PBCFR Local Amendments to this Code.

Project Name: _____

Project Address: _____

City/Town: _____

- | | | |
|--------------------|------------------------|-------------------------|
| _____ Alteration | _____ Fire Sprinkler | _____ Interior |
| _____ Civil | _____ Fire Suppression | _____ LP Gas |
| _____ Commercial | _____ Fuel Tanks/Lines | _____ Multiple Dwelling |
| _____ Construction | _____ Hood System | _____ Revise |
| _____ Fire Alarm | _____ HVAC | _____ Other _____ |

Name of Owner or Engineer Address of Owner or Engineer

Name of Contractor Address of Contractor

Applicant / Contact Name (Print) Application Date

Contact Number Fax Number \$ Valuation of Proposed Project

For Office Use Only Palm Beach County Fire Rescue

Fire Review Fee \$	Voucher	Check#	MSTU	Fire Dept. Official
		Date Recv'd		

Make Checks Payable to "BCCPBC" or "Board of County Commissioner's Palm Beach County"