



## Plan Review Application

Instructions: Please type or print clearly. To avoid delays in the plan review process, ensure this form is filled out completely, accurately, and includes the correct fee amount. Plans will be reviewed in the order in which they are received, unless a Rush Plan Review has been requested and the appropriate additional fee is included.

**Project Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**General Occupation Classification:**

- Assembly – Group A   
  Business – Group B   
  Educational – Group E   
  Factory Industrial – Group F  
 High Hazard – Group H   
 Institutional – Group I   
 Mercantile – Group M   
 Residential – Group R  
 Storage – Group S   
 Miscellaneous – Group U

**Specific Occupancy Classification:** \_\_\_\_\_

**Project's Area (Square Feet of Effected Area):** \_\_\_\_\_

**Amount of Fee Enclosed (See Fee Schedule Table):** \_\_\_\_\_

**Scope/Description of Work:** \_\_\_\_\_

(Scope of work should include a detailed account of work to be done. Attach additional page(s) if necessary.)

Check all that apply:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> New System                        | <input type="checkbox"/> Site Plan  | <input type="checkbox"/> Alteration              |
| <input type="checkbox"/> Automatic Sprinkler               | <input type="checkbox"/> Fire Pump  | <input type="checkbox"/> Kitchen Hood System     |
| <input type="checkbox"/> Alternate Fire Suppression System | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> <b>RUSH PLAN REVIEW</b> |

Applicant Information:		Designer Information:	
First Name _____	Last Name _____	First Name _____	Last Name _____
Company Name _____		Company Name _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
Phone Number(include area code) _____		Phone Number(include area code) _____	
Fax or Internet _____		Fax or Internet _____	
<input type="checkbox"/> Payer <input type="checkbox"/> Designer		<input type="checkbox"/> Payer	
Owner Information:		Other Information ( Please Specify):	
First Name _____	Last Name _____	First Name _____	Last Name _____
Company Name _____		Company Name _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
Phone Number(include area code) _____		Phone Number(include area code) _____	
Fax or Internet _____		Fax or Internet _____	
<input type="checkbox"/> Payer		<input type="checkbox"/> Payer	
<b>Make Check or Money Order Payable to: Lund Fire Protection, Inc.</b>			

\*\*\*\*\*Administrative Use Only\*\*\*\*\*

<b>Date Received:</b> _____	<b>Notes:</b> _____
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