OFFICE OF THE FIRE MARSHALL
REQUIREMENTS

Date: ____/____/____

Provide the following information for the plan being submitted for review:

Permit Number: _____

OCCUPANCY INFORMATION:

1. Project Name: _____

2. Project Address: _____

   Building/Suite/Unit #: _____

3. Is this:

Site Work Only	☐
New Construction Shell Only	☐
New Construction	☐
Interior Alteration	☐

PROJECT DESIGN DISCLOSURE:

4. Occupancy Classification: _____
   (i.e. business, storage, mercantile, etc.)

5. Construction Type: (FBC) _____ NFPA _____

6. Building Height: feet above grade: _____ feet to highest inhabited floor: _____

7. Number of Floors: _____ Square footage per floor: _____

8. Total Gross Building Area: _____

9. Area of Interior Alteration: _____ square feet
   (Attach schedule if additional room is needed)

10. **FIRE PROTECTION FEATURES**

Is the following fire protection systems provided:

Automatic Sprinkler	☐
Fire Alarm	☐
Hood Suppression	☐
Special	☐

For any questions regarding this form, please contact
OFFICE OF THE FIRE MARSHALL at (407)836-0004

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