OFFICE OF THE FIRE MARSHAL REQUIREMENTS

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

1. Project N	Name:	
2. Is this:	Site Work Only New Construction Shell Only New Construction Interior Alteration	
PROJECT	T DESIGN DISCLOSURE:	
3. Occupa	ncy Classification (i.e. business, sto	orage, mercantile, etc.)
4. Constru	ection Type: (FBC)	NFPA
5. Building	g Height: feet above grade:	feet to highest inhabited floor:
6. Number	r of Floors: Squ	are footage per floor:
7. Total Gr	ross Building Area:	
8. Area of	Interior Alteration(attach schedule if additional	
9. FIRE 1	PROTECTION FEATURES	
Is the follo	wing fire protection systems provide	led: Automatic Sprinkler
		Fire Alarm
		Hood SuppressionSpecial
		Special

For any questions regarding this form, please contact **OFFICE OF THE FIRE MARSHAL 407-836-0004**