



APPLICATION FOR PLAN REVIEW

To initiate project review, all items must be completed. Please update all changes as required.

FACILITY REPORT

FACILITY NAME: _____ LOG NO. (Assigned by OPC) _____
FACILITY ADDRESS: _____ CITY _____ COUNTY _____ ZIP _____
FACILITY CONTACT PERSON: _____ TITLE: _____
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

PROJECT REPORT

PROJECT NAME: _____ Team (Assigned by OPC) _____
PHYSICAL ADDRESS OR DESCRIPTIVE LOCATION (If different from Facility)
_____ CITY _____ COUNTY _____ ZIP _____
PROJECT CONTACT PERSON: * _____ TITLE _____
***For Construction Survey Scheduling**
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____
PROJECT COST ESTIMATE: (Must be filled in) \$ _____ BUILDING DEPARTMENT _____

SPRINKLER REPORT

IS FACILITY COMPLETELY FIRE SPRINKLERED? Yes No Not Known

ALL CORRESPONDENCE WILL BE ADDRESSED TO THE FOLLOWING

OWNER

OWNER: (COMPANY NAME) _____
OWNER CONTACT PERSON: _____ TITLE _____
ADDRESS: (If different than facility) _____
CITY _____ STATE _____ COUNTY _____ ZIP _____
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

ALL REVIEW INVOICES WILL BE ADDRESSED TO THE FOLLOWING

BILLING (MUST BE OWNER OR LICENSEE)

BILLING: (COMPANY NAME) _____
BILLING: CONTACT PERSON _____ TITLE _____
ADDRESS: (If different than facility) _____
CITY _____ STATE _____ COUNTY _____ ZIP _____
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

(To initiate project review, all items must be complete.)

*****PROVIDE A CON, COPY OF LETTER OF NOTIFICATION, EXEMPTION OR NON-REVIEWABLE***
(EXCEPTION: NOT REQUIRED FOR AMBULATORY SURGICAL CENTER)**

C.O.N. # _____ EXP. DATE _____ SQ. FT (CON) _____ EXEMPT # _____ NON-REVIEWABLE # _____
LETTER OF NOTIFICATION FROM CON: _____

ANY CHANGES IN THE DESIGNATED PROJECT PLAYERS MUST BE UPDATED ON THIS FORM AS REQUIRED.
NEW FIRMS MUST PROVIDE A REVISED APPLICATION FOR REVIEW AND A LETTER FROM THE OWNER
STATING THIS ACCEPTANCE. ALL OTHER STATUTORY REQUIREMENTS FOR ASSUMING
ARCHITECTURAL/ENGINEERING REPRESENTATION MUST BE COMPLETED.

THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE

PROJECT PLAYER REPORT

ARCH. FIRM _____

FIRM CERTIFICATION AAC _____

PROJECT MGR. _____

ARCHITECT FOR SIGNING & SEALING _____

FLA. REGISTRATION AR _____

MAILING ADDRESS _____

TELEPHONE NO. _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL _____

FAX: _____

MECH. ENG. FIRM _____

FIRM CERTIFICATION CA _____

PROJECT MGR. _____

ENGINEER FOR SIGNING & SEALING _____

FLA. REGISTRATION PE _____

MAILING ADDRESS _____

TELEPHONE NO. _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL _____

FAX: _____

SPRK. ENG. FIRM _____

FIRM CERTIFICATION CA _____

PROJECT MGR. _____

ENGINEER FOR SIGNING & SEALING _____

FLA. REGISTRATION PE _____

MAILING ADDRESS _____

TELEPHONE NO. _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL _____

FAX: _____

ELEC. ENG. FIRM _____

FIRM CERTIFICATION CA _____

PROJECT MGR. _____

ENGINEER FOR SIGNING & SEALING _____

FLA. REGISTRATION PE _____

MAILING ADDRESS _____

TELEPHONE NO. _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL _____

FAX: _____

PLUM. ENG. FIRM _____

FIRM CERTIFICATION CA _____

PROJECT MGR. _____

ENGINEER FOR SIGNING & SEALING _____

FLA. REGISTRATION PE _____

MAILING ADDRESS _____

TELEPHONE NO. _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL _____

FAX: _____

STRUCT. ENG. FIRM _____

FIRM CERTIFICATION CA _____

PROJECT MGR. _____

ENGINEER FOR SIGNING & SEALING _____

FLA. REGISTRATION PE _____

MAILING ADDRESS _____

TELEPHONE NO. _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL _____

FAX: _____