



# APPLICATION FOR PLAN REVIEW

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

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

<b>PROJECT REPORT</b>	Team (Assigned by OPC) _____
PROJECT NAME: _____	
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 _____	

<b>SPRINKLER REPORT</b>
IS FACILITY COMPLETELY FIRE SPRINKLERED? Yes <input type="radio"/> No <input type="radio"/> Not Known <input type="radio"/>

<b><u>ALL CORRESPONDENCE WILL BE ADDRESSED TO THE FOLLOWING</u></b>
<b>OWNER</b>
OWNER: (COMPANY NAME) _____
OWNER CONTACT PERSON: _____ TITLE _____
ADDRESS: (If different than facility) _____
CITY _____ STATE _____ COUNTY _____ ZIP _____
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

<b><u>ALL REVIEW INVOICES WILL BE ADDRESSED TO THE FOLLOWING</u></b>
<b><u>BILLING (MUST BE OWNER OR LICENSEE)</u></b>
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 \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**MECH. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**SPRK. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**ELEC. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**PLUM. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**STRUCT. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_