



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal- Bureau of Fire Prevention

APPLICATION FOR PLAN REVIEW

By submitting this form you are requesting that the State Fire Marshal's Office complete a plan review in accordance with Chapter 633, Florida Statutes (F.S.). This form must be completed in its entirety.

1. TYPE OF SUBMITTAL	a. <input type="checkbox"/> Design Development (<100% Construction Documents)	
	b. <input type="checkbox"/> 100% Construction Documents	
	c. <input type="checkbox"/> Revision for Permit #: (Complete items 2, 3a and 7 only)	
	d. <input type="checkbox"/> Shop Drawings for Permit #: (Complete items 2, 3a and 7 only)	
	e. <input type="checkbox"/> Other:	
2. PROJECT NAME OR DESCRIPTION		
3. CONTACT INFORMATION		
a. Applicant's Name:	Email:	Phone:
b. State Agency Contact:	Email:	Phone:
c. Architect of Record:	Email:	Phone:
d. Engineer of Record for Fire Alarm System:	Email:	Phone:
e. Engineer of Record for Fire Sprinkler System:	Email:	Phone:
4. BUILDING INFORMATION	a. <input type="checkbox"/> State-Owned*	b. <input type="checkbox"/> State-Leased,** lease #:
	c. Design or State Agency Project #:	
	d. Project Square Footage:	e. State Agency or University:
	f. Building Name:	g. Building #:
	h. Building Street Address:	
	i. City/State/Zip:	j. County:
	k. NFPA Occupancy Type: (check all that apply)	
	Ambulatory Health Care <input type="checkbox"/>	Apartments <input type="checkbox"/>
	Detention and Correctional <input type="checkbox"/>	Day-Care <input type="checkbox"/>
	One and Two Family <input type="checkbox"/>	Mercantile <input type="checkbox"/>
	Hotels and Dormitories <input type="checkbox"/>	Health Care <input type="checkbox"/>
	Lodging or Rooming Houses <input type="checkbox"/>	Business <input type="checkbox"/>
	Residential Board and Care <input type="checkbox"/>	Industrial <input type="checkbox"/>
	Storage <input type="checkbox"/>	Assembly <input type="checkbox"/>
l. Is this a change in occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	m. FBC Construction Type:	
n. Building Height:	o. Number of Stories:	
p. Life Safety Systems: (check all that apply)		
<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Standpipe		
<input type="checkbox"/> Other:		
q. Estimated Construction Cost (not including the cost of land, site improvement, civil work or furniture and equipment):		



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5. SITE INFORMATION	a. Site Name:	
	b. Site Street Address:	
	c. City/State/Zip:	
6. FEES	a. Person/Company responsible for payment of fees:	
	b. Street Address:	
	c. City/State/Zip:	d. Phone:
7. RETURN PLANS	a. Plans should be returned to:	
	b. Street Address:	
	c. City/State/Zip:	d. Phone:

Plans and specification shall be signed and sealed in accordance with Chapters 471 and 481, F.S. Submit this completed application with two sets of contract documents and one set of specifications to:

If Sending By Regular Mail

Division of State Fire Marshal
 Plans Review Section
 200 East Gaines Street
 Tallahassee, Florida 32399-0342

If Sending By Overnight Service

Division of State Fire Marshal
 Plans Review Section
 325 John Knox Road, Atrium Building
 Tallahassee, Florida 32303

* Rule 69A-3.009(12), Florida Administrative Code (F.A.C.), defines a state-owned building as:
 (a) "State-owned building," as used in Chapter 633, F.S., and any rule adopted by the State Fire Marshal, except as provided in paragraph (b) of this subsection, means any structure used or intended for supporting or sheltering any use or occupancy of which the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the record owner of the legal title to such structure. (b) "State-owned building" does not mean or include a pole barn, a picnic shelter, a lift station, an animal pen, an animal feeder, a pump house, a one-family private residence, a two-family private residence, a forestry fire tower or other fire tower, a radio tower, a building no longer in use, an empty building, or a greenhouse.

** Rule 69A-3.009(13), F.A.C., defines a state-leased space as:
 "State-leased" means that the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the lessee which is leasing the building or space from a lessor.

If this is a state lease at a Department of Management Services facility, please send a copy of this completed form to:

Real Property Administrator
 4050 Esplanade Way,
 Suite 315
 Tallahassee, FL 32399-0950