

**Document Review Request Form**

**Instructions:** This form is to be completed by the project manager and submitted with the documents for a new permit along with a BCO Fee Proposal Form. For projects requiring State Fire Marshal review, also complete and submit an additional DFS Application for Plan Review form. Requests will not be processed until a valid account number or payment is provided.

**1. Action Requested:**  Design Review (\_\_\_\_\_%) or  Final Review 100% (for permit)

**2. Funding Department Account #:** \_\_\_\_\_ **Fee Amount \$:** \_\_\_\_\_

**3. Submittal Contents** (Provide a complete description, number, and issue date of all items submitted.):  
\_\_\_\_\_  
\_\_\_\_\_

**4. Project Number:** \_\_\_\_\_ **5. \$ Value of work:** \_\_\_\_\_

**6. Project Name:** \_\_\_\_\_

**7.**  **Electrical panel load calculation required**

**8. Description of work:** \_\_\_\_\_  
\_\_\_\_\_

**9. FBC Class of Work:**  New  Repair  Alteration  Addition  Demolition

**10. Project Location & Address:** \_\_\_\_\_  
\_\_\_\_\_

**11. Building Occupancy Type:** (check all that apply):  Other/Special \_\_\_\_\_

Assembly  Business  Education  Industrial  Mercantile  Residential  Storage

**12. FBC Construction Type:** \_\_\_\_\_ **13. Building Area (GSF):** \_\_\_\_\_

**14. Building Height** \_\_\_\_\_

**15. Architect / Engineer Name:** \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**16. Project Manager (print):** \_\_\_\_\_

Department: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Address: 3528 N. Perseus Loop, Orlando, Florida 32816-3500**

**Telephone: (407) 823-5323**

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