



**PALM BEACH COUNTY FIRE RESCUE
PLANS REVIEW APPLICATION**



No. _____

FP# _____

Permit# _____

To be Completed by the Applicant

The Undersigned Hereby Applies for Plans to be Reviewed for Compliance with the Current Edition of the Florida Fire Prevention Code and PBCFR Local Amendments to this Code.

Project Name: _____

Project Address: _____

City/Town: _____

- | | | |
|--------------------|------------------------|-------------------------|
| _____ Alteration | _____ Fire Sprinkler | _____ Interior |
| _____ Civil | _____ Fire Suppression | _____ LP Gas |
| _____ Commercial | _____ Fuel Tanks/Lines | _____ Multiple Dwelling |
| _____ Construction | _____ Hood System | _____ Revise |
| _____ Fire Alarm | _____ HVAC | _____ Other _____ |

Name of Owner or Engineer Address of Owner or Engineer

Name of Contractor Address of Contractor

Applicant / Contact Name Contact Email
(Please Print)

Contact Number Application Date \$ _____
Valuation of Proposed Project

For Office Use Only - Palm Beach County Fire Rescue

| | | | | |
|-----------------|---------|----------------|------|------------------------|
| Fire Review Fee | Voucher | Check# | MSTU | Fire Dept. Official |
| \$ | | Date Recv'd | | |

Make Checks Payable to "BCCPBC" or "Board of County Commissioner's Palm Beach County"



**PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION**



NO. _____

FP# _____

Permit # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

| | | |
|-------------------------|-------------------|-----------------------|
| _____ CONSTRUCTION | _____ REVISE | _____ ALTERATION |
| _____ MULTIPLE DWELLING | _____ CIVIL | _____ COMMERCIAL |
| _____ INTERIOR | _____ HOOD SYSTEM | _____ FUEL TANK/LINES |
| _____ LP GAS | _____ FIRE ALARM | _____ FIRE SPRINKLER |
| _____ FIRE SUPPRESSION | _____ HVAC | _____ OTHER _____ |

NAME OF OWNER OR ENGINEER

ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR

ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME

APPLICATION DATE

TELEPHONE NUMBER

FAX NUMBER

\$ _____
VALUATION OF
PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

| | | | |
|-----------------------|---------|---------------|------|
| FIRE REVIEW FEE \$ | VOUCHER | CHECK # | MSTU |
| | | DATE RECVD | |

FIRE DEPT OFFICIAL

MAKE CHECKS PAYABLE TO: "BCCPBC" or "BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY"