



**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"**