Plan Review Application

Instructions: Please type or print clearly. To avoid delays in the plan review process, ensure this form is filled out completely, accurately, and includes the correct fee amount. Plans will be reviewed in the order in which they are received, unless a Rush Plan Review has been requested and the appropriate additional fee is included.

Project Address: __________________________________________ City: __________________________

Project Name:________________________________________   Date: __________________________

General Occupation Classification:
□ Assembly – Group A   □ Business – Group B   □ Educational – Group E   □ Factory Industrial – Group F
□ High Hazard – Group H   □ Institutional – Group I   □ Mercantile – Group M   □ Residential – Group R
□ Storage – Group S   □ Miscellaneous – Group U

Specific Occupancy Classification:__________________________

Project’s Area (Square Feet of Effected Area):__________________

Amount of Fee Enclosed (See Fee Schedule Table):__________________________

Scope/Description of Work:

(Scope of work should include a detailed account of work to be done. Attach additional page(s) if necessary.)

Check all that apply:
□ New System   □ Site Plan   □ Alteration
□ Automatic Sprinkler   □ Fire Pump   □ Kitchen Hood System
□ Alternate Fire Suppression System   □ Fire Alarm   □ RUSH PLAN REVIEW

Complete the following applicant/designer/owner information. Check the box to indicate payer/designer.

Applicant Information:              Designer Information:
First Name                                                  Last Name
Company Name                                                  Company Name
Address                                                  Address
City                                              State                               Zip
City                                              State                               Zip
Phone Number(include area code)              Fax or Internet
Phone Number(include area code)              Fax or Internet

□ Payer     □ Designer              □ Payer

Owner Information:              Other Information (Please Specify):
First Name                                                  Last Name
Company Name                                                  Company Name
Address                                                  Address
City                                              State                               Zip
City                                              State                               Zip
Phone Number(include area code)              Fax or Internet
Phone Number(include area code)              Fax or Internet

□ Payer

Make Check or Money Order Payable to: Lund Fire Protection, Inc.

*****Administrative Use Only*****

Date Received:                       Notes: