



PALM BEACH COUNTY FIRE RESCUE PLANS REVIEW APPLICATION



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 (Print)

Billing Email

Contact Number

Application Date

\$ _____
Valuation of Proposed Project

For Office Use Only - Palm Beach County Fire Rescue

Fire Review Fee \$	Check#	MSTU	_____ Fire Dept. Official
	Date Recv'd		

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