



PLAN LOG IN SHEET



All Information must be filled out completely.

If ALL information is not provided, your plans will be REJECTED or DELAYED for plan review. If you have any questions, please ask for assistance.

Date: _____ Project Name: _____

Project Address: _____

Installing contractor name: _____

Installing contractor address: _____ Phone: _____

Installing contractor's email: _____

Installing contractor state license #: _____

Contact Person: Name: _____ Phone: _____

City Business License #: _____ Expiration date: _____ (must be current to obtain permit)

PLAN CHECK FEES ARE PAID AT THE TIME OF 1ST SUBMITTAL

*****You must complete the following: (please complete those that apply)*****

Fire Sprinkler System: *Commercial In-rack Res./Custom Res./Tract #* _____

Number of sprinklers: _____

Fixed Extinguishing System: *Wet/Dry Carbon Dioxide Clean Agent*

Number of systems: _____

Fire Protection Underground **Aboveground Tank** – Number of tank(s): _____

High Piled Storage (Other) **Underground Tank** – Number of tank(s): _____

Hazardous Material Analysis (Other) **Fire Alarm System** – Number of devices: _____

*****NOTE: All New Fire Alarm Installations*** Fire alarm C10 contractors shall be ETL, UL or FM listed and new installations shall be ETL, UL or FM certificated for the life of the system. If you are not ETL, UL or FM certified, a permit will not be issued.**

***Please Circle One:**

New Tenant Improvement (*Spr. T.I. ck. box*) Resubmittal or As-built – Permit #: _____

Number of pages submitted: _____

For Office Use Only

Permit Number: _____ Bin Number: _____ Assigned inspector: _____

Person contacted for permit pick up: _____ Date: _____

Permit/ plan retrieved: Print name: _____ Signature: _____ Date: _____