

Approved _____ Disapproved _____ Fee Due _____

MIAMI-DADE COUNTY FIRE RESCUE REQUEST FOR PLANS REVIEW

Fire Dept. Application # _____ Date: _____

Master Application # _____

Plan review type (Check all applicable boxes.)

- Building permit.** (Check occupancy type.)
- Fire Alarm permit.**
- Sprinkler System permit.**
- Fire Suppression System** _____
- Water Main Ext./Fire Hydrant permit.**
- Other Permit** _____
- Expired permit/ Renewal.**
- Rework to a plan still in process.**
- Revision to an existing permit.**
- Miami-Dade County or** **Municipality: City of** _____

Occupancy Type: (Building permit only.)

- Storage/Warehouse Health Care
- Assembly (occ. 50+) Industrial
- Resi/Board & Care Special Structures
- Business /Office Lodging
- Deten/Correction Mercantile/Retail
- Apartments/Condo Hotel/Dormitory
- Educational Tents
- Daycare Other _____

Please print all information clearly.

Process number: _____ Permit number: _____

Cost of contract: _____ Square footage: _____ No. Stories _____

Project Name: _____

Job Address: _____

City: _____ State: _____ Zip: _____

Scope of work: _____

Number of heads: _____ Number of units: _____ Number of devices: _____

Contact Person: _____ Company Name: _____

Permit Relationship: _____ (i.e. Applicant; Arch.; Eng.; Expeditor; Contractor.)

Contact Address: _____

City: _____ State: _____ Zip: _____

Phones: #1*() - # 2*() - (* Include message code)

I am requesting a **Special Request Plans Review** to be scheduled as soon as possible at the rate of **\$150 for the first hour and \$50 per each additional hour. Minimum 1 hour charge.**

Signature: _____

Received by: _____

Assigned to: _____