Pompano Beach Fire Rescue
Fire Plan Review Application

This application must be completed for all construction plan submittals, excluding one/two family dwellings.

Date: _____/_____/_____   P.R.A. Number: _____

Property Owner's Name: _____

Job Address: _____

Business Occupant Name: _____

Project Contact Phone Number: _____

COMPLETE ALL SECTIONS OF FORM TO AVOID DELAYS OF FIRE PLAN REVIEW

- Facilities using high pile storage/rack storage – submit completed storage application. (On Back)

Building Systems

Describe type of Business Operation: _____

Protection Systems Within Building:	Yes	No	Building Information:	
Fire Sprinkler System:	____	____	Total Building Area (Sq. Ft.):	_____
Fire Pump:	____	____	Building Construction Type:	_____
Fire Alarm System:	____	____	Number of Units (Residential):	_____
Kitchen Hood System:	____	____	Number of Stories:	_____
Paint Booth:	____	____	Building Height (Feet):	_____
Smoke Evacuation Sys:	____	____	Travel Distance of Elevator:	_____
Stand By Generator:	____	____		

Fire Plan Review

Type of Work for Plan Submittal:

New Construction: _____   Alteration: _____   Addition: _____   Demolition: _____   Special Event: _____

Area of Construction (Sq. Ft.): _____

Detailed Description of New Work: _____

- New or alterations/additions to fire sprinkler, alarm or hood systems, must submit detailed plans, cutsheets for all devices and hydraulic or battery calculations.
- Fire sprinkler calculations must be based on data from flow test completed within last 12 months.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

_____

Signature of Legal Owner/Agent:

X_____

STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me
This day of _____, 20_____ by

_____
(Type / Print Owner's Name)

_____
NOTARY'S SIGNATURE as to Owner or Agent's Signature
Name & Title (printed) _____
(Type / Print Notary's Name)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

Signature of Legal Contractor:

X_____

STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me
this_____ day of _____, 20_____ by

_____
(Type / Print Contractor's Name)

_____
NOTARY'S SIGNATURE as to Contractor's Signature
Name & Title (printed) _____
(Type / Print Notary's Name)
Personally Known _____ or Produced Identification _____
Type of Identification Produced _____