

Fire And Emergency Plan Review Application

1. General Information
Project Name:
Project Address/Location:
Applicant Name:
Business/Organization Name:
Mailing Address:
Phone Number:
Email Address:
Owner/Operator (if different from applicant):
 □ New Construction □ Tenant Improvement/Remodel □ High-Risk Business (Fireworks, Industrial Storage, Hazardous Materials, etc.) □ Temporary Structure/Event □ Other (Specify):
 Fire Protection and Emergency Measures Fire Suppression Systems (Check all that apply) Fire Sprinkler System Standpipe System Fire Pump None Required
 Other (Specify):
☐ Fire Alarm System
☐ Smoke Detectors

	Detectors				
☐ Manual Pull Stations					
	☐ None Required☐ Other (Specify):				
	(Specily)				
Hazardo	ous Materials Stored or Used?				
☐ Yes (/	Attach Material Safety Data Sheets [MSDS] and inventory)				
□ No					
• Emerge	ncy Access and Egress				
~	umber of Exits:				
o Er	mergency Lighting Installed? Yes No				
o Fi	re Department Key Box Installed? □ Yes □ No				
0 EV	vacuation Plan Provided? ☐ Yes ☐ No				
 Tempora Ex Ex Fi Storage Ar Ar 	mergency Considerations ary and Special Events xpected Occupancy: yent Date(s): yent Type: reworks/Pyrotechnics Used? Yes No (If Yes, provide permit details) and Industrial Operations re flammable or combustible liquids stored? Yes No re welding, cutting, or open flame operations performed? Yes No re any compressed gases used or stored? Yes No				
☐ Building Pla☐ Emergency☐ Material Saf☐ Special Eve☐ Fireworks/P	h Fire Access Routes and Hydrant Locations Ins Indicating Fire Protection Systems Evacuation Plan Fety Data Sheets (if applicable) Int Emergency Plan (if applicable) Eyrotechnic Permit (if applicable) Eify):				

6. Applicant Certification

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I agree to comply with all applicable fire codes and regulations of Fairfield, Utah.

Applicant Signature:		
Date:	_	
For Office Use Only		
Date:/		
☐ TI permit completed: per	rmit # Date:	
	d: Date By:	
☐ Fire Inspection fee paid☐ Utah County Health Depart☐ Zoning:	artment Approval Number	
Conditional Use Permit:	By:s Routes and Hydrant Locations	
☐ Emergency Evacuation P☐ Material Safety Data She	Plan	
☐ Special Event Emergency ☐ Fireworks/Pyrotechnic Pe	ermit (if applicable)	
<u> </u>	Approved: Denied:	
··	d: Denied: Date: _	
	Daid	
☐ Check #:		
Title	Signature	 Date