



## Plan Review Application

Instructions: To avoid delays in the plan review process, ensure this form is filled out completely, accurately, and includes the correct fee amount. Plans will be reviewed in the order in which they are paid and received unless a Rush Plan Review has been requested and the additional fee is included.

**All submittals shall be submitted electronically unless otherwise approved.**

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**City, State, & Zip code:** \_\_\_\_\_

**General Occupation Classification:** \_\_\_\_\_

**Project's Area (Square Feet of Effected Area):** \_\_\_\_\_

**Amount of Fee Submitted (See Fee Schedule Table):** \_\_\_\_\_

**Scope/Description of Work (Scope of work should include a detailed account of work to be done):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**REVIEW TO BE COMPLETED AS:**

Normal Plan Review (10 business days\*)      **RUSH PLAN REVIEW (3-5 business days\* - Twice the fee)**

\*LFP retains the right to extend the review time for quality assurance.

**CHECK ALL THAT APPLY:**

- |                            |                           |   |
|----------------------------|---------------------------|---|
| New System                 | Clean Agent, CO2,         | Standpipe System (If Separate)                |
| Alteration                 | DryChem Fire Pump         | Site Plan                                     |
| Fire Alarm System          | Backflow Prevention Valve | Fire and Life Safety Review of Building Plans |
| Automatic Sprinkler System | Kitchen Hood Suppression  | Other: _____                                  |

Complete the following applicant/designer/owner information. Check the box to indicate payer/designer.			
<b>Applicant Information:</b>		<b>Designer Information:</b>	
Name		Name	
Company Name		Company Name	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Phone Number (include area code)	E-mail	Phone Number (include area code)	E-mail
<input type="checkbox"/> Payer	<input type="checkbox"/> Designer	<input type="checkbox"/> Payer	
<b>Owner Information:</b>		<b>Other Information (Please Specify):</b>	
Name		Name	
Company Name		Company Name	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Phone Number (include area code)	E-mail	Phone Number (include area code)	E-mail
<input type="checkbox"/> Payer		<input type="checkbox"/> Payer	
<b>Make Check or Money Order Payable to: Lund Fire Protection, Inc.</b>			