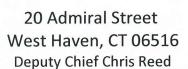
West Haven Fire Services







366 Elm Street West Haven, CT 06516 Fire Marshal Kevin Moore



860 Ocean Avenue West Haven, CT 06516 Deputy Chief Patrick Pickering

Plan Review Application

Property Name		Date/					
Property Address	Phone						
Applicant's Name		Fax					
Applicant's Address	City	StateZip Code					
Plan /Revision Date/	West Haven Building Permit #						
Architect	Contact person						
Mailing Address	Email						
Phone <u>-</u> <u>-</u>	Fax						
Contractor	Contact Pe	erson					
Mailing Address	Email						
Phone <u>-</u> -	Fax						
	(Check ALL that apply)						
New Construction	Existing	Occupancy change					
Renovation	Addition	Addition Kitchen Hood/Suppression					
Fire Alarm System	Sprinkler System	Sprinkler System Other (describe in summary section)					

Occupancy Classification

Assembly	Business	Daycare		_ Educati	onal	
Factory	Healthcare	Institutional		Industrial		
Mercantile	Residential	Storage		Other		
Summary of Work						
Connecticut General Statu Detailed plans and specific structures shall be submitted compliance with Section 2 In the event of modification the changes must be submitted.	cations for new structures ted by the applicant to the 9-263 of the Connecticut ons or changes to the plannitted for review.	and additions, reno e local fire marshal h General Statutes. <i>Ex</i> s that have been sul	aving j ceptio	jurisdiction In one an Id, a new	on to demons d two family of set of plans sh	trate dwellings nowing
Received by		Dat	te			
Construction value	Fee Paid		Check #			
Comments						
, , , , , , , , , , , , , , , ,				40		
Fire Marshal Signature		Date				