

# West Haven Fire Services



20 Admiral Street  
West Haven, CT 06516  
Deputy Chief Chris Reed



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 \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_

Plan /Revision Date \_\_\_\_/\_\_\_\_/\_\_\_\_ West Haven Building Permit # \_\_\_\_\_

Architect \_\_\_\_\_ Contact person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Contractor \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### ***(Check ALL that apply)***

\_\_\_\_ New Construction

\_\_\_\_ Existing

\_\_\_\_ Occupancy change

\_\_\_\_ Renovation

\_\_\_\_ Addition

\_\_\_\_ Kitchen Hood/Suppression

\_\_\_\_ Fire Alarm System

\_\_\_\_ Sprinkler System

\_\_\_\_ Other (describe in summary section)

**Occupancy Classification**

___ Assembly	___ Business	___ Daycare	___ Educational
___ Factory	___ Healthcare	___ Institutional	___ Industrial
___ Mercantile	___ Residential	___ Storage	___ Other

**Summary of Work**

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**Connecticut General Statute 29-292-4e Plan Submittal and Review**

Detailed plans and specifications for new structures and additions, renovations, or alterations to existing structures shall be submitted by the applicant to the local fire marshal having jurisdiction to demonstrate compliance with Section 29-263 of the Connecticut General Statutes. ***Exception one and two family dwellings***

In the event of modifications or changes to the plans that have been submitted, a new set of plans showing the changes must be submitted for review.

Knox Box Application has been received and shall be mounted in a location determined by the Fire Marshal.

Received by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Construction value \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_

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**Comments**

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Fire Marshal Signature \_\_\_\_\_ Date \_\_\_\_\_