



APPLICATION FOR PLAN REVIEW

To initiate project review, all items must be completed. Please update all changes as required.

<u>FACILITY REPORT</u>	LOG NO. <i>(Assigned by OPC)</i> _____ Team <i>(Assigned by OPC)</i> _____
FACILITY NAME: _____	
FACILITY ADDRESS: _____ CITY _____ COUNTY _____ ZIP _____	
FACILITY CONTACT PERSON: _____ TITLE: _____	
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____	

<u>PROJECT REPORT</u>	Team <i>(Assigned by OPC)</i> _____
PROJECT NAME: _____	
PHYSICAL ADDRESS OR DESCRIPTIVE LOCATION <i>(If different from Facility)</i> _____ CITY _____ COUNTY _____ ZIP _____	
PROJECT CONTACT PERSON: * _____ TITLE _____	
* <u>(For Construction Survey Scheduling)</u>	
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____	
PROJECT COST ESTIMATE: <i>(Must be filled in)</i> \$ _____ BUILDING DEPARTMENT _____	

<u>SPRINKLER REPORT</u>	
IS FACILITY COMPLETELY FIRE SPRINKLERED? Yes () No () Not Known ()	

<u>ALL CORRESPONDENCE WILL BE ADDRESSED TO THE FOLLOWING</u>	
<u>OWNER</u>	
OWNER: (COMPANY NAME) _____	
OWNER CONTACT PERSON: _____ TITLE _____	
ADDRESS: <i>(If different than facility)</i> _____	
CITY _____ STATE _____ COUNTY _____ ZIP _____	
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____	

<u>ALL REVIEW INVOICES WILL BE ADDRESSED TO THE FOLLOWING</u>	
<u>BILLING (MUST BE OWNER OR LICENSEE)</u>	
BILLING: (COMPANY NAME) _____	
BILLING: CONTACT PERSON _____ TITLE _____	
ADDRESS: <i>(If different than facility)</i> _____	
CITY _____ STATE _____ COUNTY _____ ZIP _____	
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____	

(To initiate project review, all items must be complete.)

*****PROVIDE A CON. COPY OF LETTER OF NOTIFICATION, EXEMPTION OR NON-REVIEWABLE***
(EXCEPTION: NOT REQUIRED FOR AMBULATORY SURGICAL CENTER)**

C.O.N. # _____ EXP. DATE _____ SQ. FT (CON) _____ EXEMPT # _____ NON-REVIEWABLE # _____
LETTER OF NOTIFICATION FROM CON: _____

ANY CHANGES IN THE DESIGNATED PROJECT PLAYERS MUST BE UPDATED ON THIS FORM AS REQUIRED.
NEW FIRMS MUST PROVIDE A REVISED APPLICATION FOR REVIEW AND A LETTER FROM THE OWNER
STATING THIS ACCEPTANCE. ALL OTHER STATUTORY REQUIREMENTS FOR ASSUMING
ARCHITECTURAL/ENGINEERING REPRESENTATION MUST BE COMPLETED.

THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE

PROJECT PLAYER REPORT

ARCH. FIRM _____ FIRM CERTIFICATION AAC _____
PROJECT MGR. _____
ARCHITECT FOR SIGNING & SEALING _____ FLA. REGISTRATION AR _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

MECH. ENG. FIRM _____ FIRM CERTIFICATION CA _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

SPRK. ENG. FIRM _____ FIRM CERTIFICATION CA _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

ELEC. ENG. FIRM _____ FIRM CERTIFICATION CA _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

PLUM. ENG. FIRM _____ FIRM CERTIFICATION CA _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

STRUCT. ENG. FIRM _____ FIRM CERTIFICATION CA _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____