



Plans Review Application

Escambia County, Florida

Permit Number

Note: Complete all applicable spaces on both sides. Entries should be typed or printed legibly in ink.

Application Date _____

Name of Person Submitting Plans		Telephone	
Contact Person		Telephone	
Company Name		Fax	

Occupant/ Tenant's Name			Telephone	
			Fax	
Site Address				
	Number	Street	City	State Zip Code
Owner's Name			Telephone	
			Fax	
Address				
	Number	Street	City	State Zip Code
Architect's Name			Telephone	
			Fax	
Address				
	Number	Street	City	State Zip Code
Engineer's Name			Telephone	
			Fax	
Address				
	Number	Street	City	State Zip Code
Contractor or Superintendent's Name			Telephone	
	Contractor/Superintendent (Circle One)		Fax	
Site Address				
	Number	Street	City	State Zip Code

Briefly describe project or scope of work:

Commercial applicants ONLY -- Complete Page 2

Commercial applicants **ONLY** -- Complete the following sections.

TYPE OF CONSTRUCTION		
Standard Building Code	<input checked="" type="checkbox"/>	One
Type I		
Type II		
Type III		
Type IV 1-Hr. Protected		
Type IV Unprotected		
Type V 1-Hr. Protected		
Type V Unprotected		
Type VI 1-Hr. Protected		
Type VI Unprotected		
NFPA 220	<input checked="" type="checkbox"/>	One
Type I	443	
Type I	332	
Type II	222	
Type II	111	
Type II	000	
Type III	211	
Type III	200	
Type IV	2HH	
Type V	111	
Type V	000	

OCCUPANCY CLASSIFICATION			
<i>(Check one for single occupancy; if mixed occupancy, place #1 in major occupancy and #2 in minor occupancy, and so on.)</i>			
A - Assembly		R1 - Residential, Hotel, Motel	
B - Business		R2 - Residential, Multi-Dwelling	
E - Educational		R3 - Residential, One/Two Family	
F - Factory/Industrial		R4 - Dormitories, Assisted	
H - Hazardous		Care Residential	
I - Institutional		S1 - Storage, Moderate Hazard	
M - Mercantile		S2 - Storage, Low Hazard	

IMPORTANT NOTICE
All fire rated assemblies and all penetrations in rated assemblies must be detailed and be identified as having successfully performed under tests made by a recognized laboratory in accordance with the requirements of ASTM E 119 and ASTM E 814 respectively.

TYPE OF FIRE PROTECTION			
<i>(Check one or more)</i>			
100% Sprinkler System		Manual Fire Alarm System	
Limited Area Sprinkler System		Single Station Smoke Detectors	
Standpipe System		Fire Wall(s) w/ ___Hr. Rating	
Automation Detection System		Separation Wall(s) w/ ___Hr. Rating	
Other (please specify)			

PLUMBING INFORMATION			
Building Design Capacity:	Male:	Female:	Sewage Disposal: Domestic - G.P.D.
TYPE:	<input type="checkbox"/> Municipal	If Private, Type and Design	
	<input type="checkbox"/> Private		
Plant Waste: Waste Produce Expected			
Proposed Method of Disposal			G.P.D.

CONSTRUCTION INFORMATION			
Number of Buildings in Project		New Building	Existing Building (or renovation)
Estimated Date Construction Begins:	Gross Square Feet in Project		
Estimated Date Construction Complete:	Square Feet per Floor		
	Number of Floors Per Building (Basement is considered a floor)		
	Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY