



# Pompano Beach Fire Rescue

## Fire Plan Review Application



This application must be completed for all construction plan submittals, excluding one/two family dwellings.

Date: \_\_\_/\_\_\_/\_\_\_ P.R.A. Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Business Occupant Name: \_\_\_\_\_

Project Contact Phone Number: \_\_\_\_\_

COMPLETE ALL SECTIONS OF FORM TO AVOID DELAYS OF FIRE PLAN REVIEW

- Facilities using high pile storage/rack storage - submit completed storage application. (On Back)

<b>Building Systems</b>	<b>Describe type of Business Operation:</b> _____	
	_____	
<b>Building Systems</b>	<b>Protection Systems Within Building:</b>	<b>Building Information:</b>
	Fire Sprinkler System: Yes _____ No _____	Total Building Area (Sq. Ft.): _____
	Fire Pump: _____	Building Construction Type: _____
	Fire Alarm System: _____	Number of Units (Residential): _____
	Kitchen Hood System: _____	Number of Stories: _____
	Paint Booth: _____	Building Height (Feet): _____
	Smoke Evacuation Sys: _____	Travel Distance of Elevator: _____
Stand By Generator: _____		

<b>Fire Plan Review</b>	<b>Type of Work for Plan Submittal:</b>
	New Construction: _____ Alteration: _____ Addition: _____ Demolition: _____ Special Event: _____
	Area of Construction (Sq. Ft.): _____
	<b>Detailed Description of New Work:</b> _____
	_____

- New or alterations/additions to fire sprinkler, alarm or hood systems, must submit detailed plans, cutsheets for all devices and hydraulic or battery calculations.
- Fire sprinkler calculations must be based on data from flow test completed within last 12 months.

**OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.**

Signature of Legal Owner/Agent:

X \_\_\_\_\_  
 STATE OF FLORIDA - COUNTY OF BROWARD  
 Sworn to (or affirmed) and subscribed before me  
 This day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
 (Type / Print Owner's Name)

Signature of Legal Contractor:

X \_\_\_\_\_  
 STATE OF FLORIDA - COUNTY OF BROWARD  
 Sworn to (or affirmed) and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
 (Type / Print Contractor's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature  
 Name & Title (printed) \_\_\_\_\_  
 (Type / Print Notary's Name)  
 Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

NOTARY'S SIGNATURE as to Contractor's Signature  
 Name & Title (printed) \_\_\_\_\_  
 (Type / Print Notary's Name)  
 Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_