



# FORT MOJAVE MESA FIRE DEPARTMENT PLAN REVIEW PROCESS

Project Site Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Type of Review:

- |  |  |
|--|--|
| <input type="checkbox"/> Building                | <input type="checkbox"/> Subdivision             |
| <input type="checkbox"/> Fire Sprinkler System   | <input type="checkbox"/> Fire Alarm System       |
| <input type="checkbox"/> Hood Suppression System | <input type="checkbox"/> Fire Hydrant/Water Main |
| <input type="checkbox"/> Other _____             |  |

Type Construction: \_\_\_\_\_ Type Occupancy: \_\_\_\_\_

Square Feet: \_\_\_\_\_

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### Office Use Only

Quantity of Plans Required: \_\_\_\_\_

Building/Subdivision = one set (will be returned)

All others = one set for Fire Department plus additional sets to be returned

### Contact Log:

<u>Date</u>	<u>Emp. #</u>	<u>Description of Contact</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Initials: \_\_\_\_\_