



Platteville-Gilcrest Fire Protection District

Plan Review applications shall include all items on the permit application page. The PGFPD reserves the right to refuse incomplete submittals.

ALL FIELDS ARE MANDATORY EXCEPT WHERE NOTED "FOR PGFPD USE."

Make checks payable to Platteville-Gilcrest Fire Protection District

Plan Review Application

Type of Building Construction: _____ Occupancy Classification: _____

Project Name: _____

Project Address: _____ City/Zip: _____

Development Square Footage: _____ Building Square Footage: _____

Number of Stories: _____ Plans are to scale: _____

Other than normal janitorial supplies, will any hazardous material be stored, used or dispensed in the building or at the site? _____

If yes, provide names, aggregate amounts, container size & types, and MSDS's for each material with submitted plans.

Will there be storage over 12' in height? _____ If yes, how high and what will be stored?

General Contractor, Sub-Contractor or Project Manager Information

Name: _____ License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Fire Systems Contractor

Name: _____ License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: Email: _____

Architect

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Owner

Owner Name/ Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Note: By submitting this Plan Review Worksheet, the applicant represents that all information contained in this Plan Review Worksheet is true and accurate, and that the applicant has full authority to submit this Plan Review Worksheet. The applicant represents and agrees that the owner, contractor, architect, subcontractors and their employees, agents and representatives, will comply with all requirements of the Fire Code and any other applicable Codes or Standards.

Applicant Name & Title

Date

FOR PGFPD USE ONLY

Plan Review Application Fee: \$ _____ Received by: _____

Date: _____