



# Plans Review Application

Escambia County, Florida

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

Application Date \_\_\_\_\_

**Commercial applicants ONLY -- Complete Page 2**

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	Contractor/Superintendent (Circle One)	Telephone	
		Fax	
Address			
	Number	Street	City State Zip Code

<i>Briefly describe project or scope of work:</i>

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

TYPE OF CONSTRUCTION	
Standard Building Code	☐ 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	☐ 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 checked="" type="radio"/> Municipal	If Private, Type and Design	
	<input checked="" type="radio"/> 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 checked="" type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No

OFFICE USE ONLY