APPLICATION FOR PLAN REVIEW

By submitting this form you are requesting that the State Fire Marshal’s Office complete a plan review in accordance with Chapter 633, Florida Statutes (F.S.). This form must be completed in its entirety.

1. TYPE OF SUBMITTAL
   a. Design Development (<100% Construction Documents)
   b. 100% Construction Documents
   c. Revision for Permit #: (Complete items 2, 3a and 7 only)
   d. Shop Drawings for Permit #: (Complete items 2, 3a and 7 only)
   e. Other:

2. PROJECT NAME OR DESCRIPTION

3. CONTACT INFORMATION
   a. Applicant’s Name: Email: Phone:
   b. State Agency Contact: Email: Phone:
   c. Architect of Record: Email: Phone:
   d. Engineer of Record for Fire Alarm System: Email: Phone:
   e. Engineer of Record for Fire Sprinkler System: Email: Phone:

4. BUILDING INFORMATION
   a. State-Owned*
   b. State-Leased,** lease #:
   c. Design or State Agency Project #:
   d. Project Square Footage:
   e. State Agency or University:
   f. Building Name:
   g. Building #:
   h. Building Street Address:
   i. City/State/Zip:
   j. County:
   k. NFPA Occupancy Type: (check all that apply)
      Ambulatory Health Care Apartments Day-Care
      Detention and Correctional Day-Care Health Care
      One and Two Family Day-Care Health Care
      Hotels and Dormitories
      Lodging or Rooming Houses Business
      Residential Board and Care
      Storage
      Assembly
   l. Is this a change in occupancy? Yes No
   m. FBC Construction Type:
      Fire Alarm System
      Fire Sprinkler
      Standpipe
      Other:
   n. Building Height:
   o. Number of Stories:
      Fire Safety Systems: (check all that apply)
   p. Life Safety Systems:
   q. Estimated Construction Cost (not including the cost of land, site improvement, civil work or furniture and equipment):

DFS-K3-1973
Rev. 03/12; Rule 69A-52.003, F.A.C.
APPLICATION FOR PLAN REVIEW

5. SITE INFORMATION
   a. Site Name:
   b. Site Street Address:
   c. City/State/Zip:

6. FEES
   a. Person/Company responsible for payment of fees:
   b. Street Address:
   c. City/State/Zip:
   d. Phone:

7. RETURN PLANS
   a. Plans should be returned to:
   b. Street Address:
   c. City/State/Zip:
   d. Phone:

Plans and specification shall be signed and sealed in accordance with Chapters 471 and 481, F.S. Submit this completed application with two sets of contract documents and one set of specifications to:

If Sending By Regular Mail
Division of State Fire Marshal
Plans Review Section
200 East Gaines Street
Tallahassee, Florida 32399-0342

If Sending By Overnight Service
Division of State Fire Marshal
Plans Review Section
325 John Knox Road, Atrium Building
Tallahassee, Florida 32303

* Rule 69A-3.009(12), Florida Administrative Code (F.A.C.), defines a state-owned building as:
  (a) “State-owned building,” as used in Chapter 633, F.S., and any rule adopted by the State Fire Marshal, except as provided in paragraph (b) of this subsection, means any structure used or intended for supporting or sheltering any use or occupancy of which the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the record owner of the legal title to such structure.
  (b) “State-owned building” does not mean or include a pole barn, a picnic shelter, a lift station, an animal pen, an animal feeder, a pump house, a one-family private residence, a two-family private residence, a forestry fire tower or other fire tower, a radio tower, a building no longer in use, an empty building, or a greenhouse.

** Rule 69A-3.009(13), F.A.C., defines a state-leased space as:
“State-leased” means that the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the lessee which is leasing the building or space from a lessor.

If this is a state lease at a Department of Management Services facility, please send a copy of this completed form to:
Real Property Administrator
4050 Esplanade Way,
Suite 315
Tallahassee, FL 32399-0950

DFS-K3-1973
Rev. 03/12; Rule 69A-52.003, F.A.C.