



# Utah State Fire Marshal's Office

410 West 9800 South, 3<sup>rd</sup> Floor  
Sandy, Utah 84070  
(801) 256-2390  
Email: [planreviews@utah.gov](mailto:planreviews@utah.gov)

## FIRE AND LIFE SAFETY PLAN REVIEW SUBMITTAL FORM

PROJECT NAME: \_\_\_\_\_

LOCATION: (address and city) \_\_\_\_\_

SCOPE OF WORK SQUARE FOOTAGE FOR REVIEW INVOICE (includes AltBids): \_\_\_\_\_

SQUARE FEET x .022\$ = \$ \_\_\_\_\_ Note: Minimum fee is \$75.

COMPANY SUBMITTING PLANS FOR REVIEW: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Expected Completion Date: _____	Expected 70% Completion Date: _____
Description of Occupancy: _____	Occupancy Load: _____
Licensed as Health Care? _____	Type of Occupancy (IBC): _____
Number of Stories: _____	Height of Structure: _____
Construction Type (IBC): _____	
Total Square Footage: _____	Allowable Square Footage: _____
Fire Sprinklers Required? _____	Basis? _____
Water Supply Data: Flow: _____ (gpm)	Static _____ (psi) Residual: _____ (psi)
Date of Test: _____	Available Fire Flow: _____ gpm at 20 psi.

**NOTE:** Water Supply Analysis must be included with submittal before the review process can originate. The following items **must** be submitted **electronically** or they will not be accepted for review. Send to [planreviews@utah.gov](mailto:planreviews@utah.gov). Check the appropriate box below to indicate which items are enclosed:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Engineer Water Supply Analysis | <input type="checkbox"/> Specifications      | <input type="checkbox"/> Fire Protection Plans (Reference only, Deferred) |
| <input type="checkbox"/> ERRCS/DAS (Reference only)     | <input type="checkbox"/> Hardware Schedule   | <input type="checkbox"/> Flammable & Combustible Liquid Tanks             |
| <input type="checkbox"/> Complete Sealed Plans          | <input type="checkbox"/> Finish Schedules    | <input type="checkbox"/> Liquid Propane Tanks (Reference Only, Deferred)  |
| <input type="checkbox"/> Door and Window Schedules      | <input type="checkbox"/> Hardware Cut Sheets | <input type="checkbox"/> Other  |

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Failure to submit all required items may result in the rejection of the submittal.  
**Fees must be paid before plan review will be released.**