



UTAH STATE FIRE MARSHAL'S OFFICE

410 West 9800 South, 3rd Floor
Sandy, Utah 84070
Telephone: (801) 256-2390
Facsimile: (801) 256-2386

FIRE AND LIFE SAFETY PLAN REVIEW SUBMITTAL FORM

PROJECT DESCRIPTION: _____

SCOPE OF WORK SQUARE FOOTAGE FOR REVIEW INVOICE (Includes Alt Bids): _____

LOCATION (Address & City): _____

PARENT ORGANIZATION/COMPLEX: _____

DESIGN FIRM: _____ CONTACT: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

RESPONSIBLE PARY FOR REVIEW FEE, IF NOT DESIGN FIRM: NAME: _____

COMPANY: _____ PHONE: _____ EMAIL: _____

Expected Completion Date: _____ Expected 70% Completion Date: _____

Description of Occupancy: _____ Occ. Load: _____

Licensed As Health Care? _____ Type of Occupancy (IBC): _____

Number of Stories: _____ Height of Structure: _____ ft. 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. Check the appropriate box below to indicate which items are enclosed:

<input type="checkbox"/>	Engineer Water Supply Analysis	<input type="checkbox"/>	Electrical Plans	<input type="checkbox"/>	Mechanical Plans
<input type="checkbox"/>	Finish Schedules	<input type="checkbox"/>	Hardware Schedule	<input type="checkbox"/>	8-1/2" x 11" or 11" x 17" Key Plan
<input type="checkbox"/>	Architectural Plans	<input type="checkbox"/>	Fire Protection Plans	<input type="checkbox"/>	Specifications
<input type="checkbox"/>	Door and Window Schedules	<input type="checkbox"/>	Hardware Cut Sheets	<input type="checkbox"/>	Other

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Plan No. _____ Date Rec'd _____ Time Rec'd _____ Rec'd by _____