

JOB SITE LOCATION	NUMBER & STREET <u>15-0 - - - - -</u> TAX I.D. NUMBER _____ MUNICIPALITY/TOWNSHIP _____	JOB INFORMATION
OWNER INFORMATION		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> REMODEL
NAME _____		Plans Required: One set of plans are required UNUSUALLY LARGE OR COMPLICATED PLANS MAY HAVE ADDITIONAL PLAN REVIEW FEE'S.
MAILING ADDRESS _____		
CITY, STATE ZIP CODE _____		
() ()		
TELEPHONE NUMBER _____ FAX NUMBER _____		

CONTRACTOR IDENTIFICATION (LICENSED CONTRACTOR ONLY)		
NAME _____	MASTER LICENSE NUMBER _____	EXPIRATION DATE _____
MAILING ADDRESS _____	TAX I.D. NUMBER _____	MESC NUMBER _____
CITY, STATE, ZIP CODE _____	WORKERS COMP CARRIER _____	
() ()	REASON FOR EXEMPTION _____	
TELEPHONE NUMBER _____	FAX NUMBER _____	
CONTRACTOR E-MAIL _____	SIGNATURE _____	DATE _____ CONTRACTOR LICENSE NUMBER _____

PLAN REVIEW SCHEDULE

Fire Alarms - The fee is based on the total number of alarms

Number of Alarm Systems	Fire Alarm Systems
1 to 25	\$250.00
26 to 50	\$475.00
51 to 75	\$675.00
76 to 100	\$850.00
101 to 125	\$1200.00
Over 125	\$1200 plus \$5/device

\$75 FOR FIRE SUPPRESSION SYSTEMS

FEE TOTAL: _____