

Thomson-McDuffie Fire Prevention Bureau

Plan Review Submittal

Failure to complete all required information & to
PRINT LEGIBLY will result in plans being rejected.

(2) Sets of Drawings Required



Date Submitted: _____ Received By: _____

Plan Type:

___ Site ___ Construction ___ Fire Sprinkler ___ Fire Alarm
___ Commercial Hood ___ Hood Suppression System
___ Other _____

Business/Project Name: _____

Project Address: _____

Project Contact: _____

Phone: _____ Email: _____

Plans Submitted by: _____

Phone: _____ Email: _____

Architect/Engineer: _____

Phone: _____ Email: _____

General Contractor: _____

Phone: _____ Email: _____

Office use only

Date received by Plan Reviewer & Name:

_____/____/_____

Date completed and planning/project contact notified:

_____/____/_____