



UTAH STATE FIRE MARSHAL'S OFFICE

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Sandy, Utah 84070
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PLAN REVIEW SUBMITTAL FORM

PROJECT DESCRIPTION: _____

LOCATION (Address & City): _____

PARENT ORGANIZATION/COMPLEX: _____

DESIGN FIRM: _____ CONTACT: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

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

Description Of Occupancy: _____

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 which indicates the items that are enclosed:

- Engineer Water Supply Analysis Finish schedules
- Architectural Plans Door and Window schedules
- Electrical Plans Hardware Schedule
- Fire Protection Plans Hardware Cut Sheets
- Mechanical Plans 8-1/2" x 11" or 11" x 17" Key Plan
- Specifications Other: _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY

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