

Mohave Valley Fire Department Plan Review Process

Project Site Address: _____ Project Name: _____

Contractor/Business Name: _____

Contact Phone #: _____ Fax #: _____

Contact Name & Address: _____

Type of Review:

Building _____ New Construction _____ Tenant Improvement

Fire Sprinkler System Contractor: _____

Fire Alarm System Contractor: _____

Hood Suppression System Contractor: _____

Fire Hydrant/Water Main Contractor: _____

Other _____

Quantity of Plans Required: _____ Square Feet: _____

Type Construction: _____ Type Occupancy: _____

Building/Subdivision = one set (will be returned)
All Others = one set for Fire Dept., plus additional sets to be returned

Office Use Only

<u>Date</u>	<u>Emp. #</u>	<u>Description of Contact</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Fee: \$ _____ Date Paid: _____ Initials: _____