



DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL  
Fire and Life Safety Division  
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# PLAN REVIEW APPLICATION

Please Print or Type- Must be Submitted with all Plans, Specifications and Deferred Approvals

**Application Date:**

**State Department Project:**

**Building Name:**

**DGS Project # (DGS Only):**

**\*\*\*Please check one of these boxes / do not leave blank > Bill To: SRF ARF Agency**

**Project Address:**

**City:**

**Zip Code:**

**County:**

**Scope of Project:**

**Estimated Contract Cost:**

**Bid Date:**

**Contract Start Date:**

**Submitting Firm/Agency:**

**Address:**

**City:**

**Zip Code:**

**County:**

**Contact Person:**

**Telephone Number:**

**Email Address:**

-----**SFM USE ONLY**-----

**Date Received:**

**Received by:**

**SFM File #:**

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