



Statesville Fire Department Plan Review Application

P.O. Box 1111 Statesville, NC 28687
Phone: 704-878-3401
Fax: 704-878-3465



Project Information

Project/Site Name _____
Tenant Name _____ Previous Name _____
Type of Business _____
Address _____

Contractor/Designer/Developer Information

Name _____
Company Name _____
Address _____
Phone _____ Fax _____
E-mail _____

Owner or Project Manager (not lessee)

Name _____
Company Name _____
Address _____
Phone _____ Fax _____
E-mail _____

1. Type of Submittal or Service Requested

Check all that apply

- Construction
- Demolition
- Fire Alarm System
- Hood and Duct System
- Site Plan
- Spray Booth
- Sprinkler System: 13 13R 13D
- TRC
- Upfit
- Other _____

Submittal Requirements:

- One (1) set of plans
- * Please submit two (2) sets of plans if you need a set returned.
- One (1) electronic copy of plans saved on CD in PDF format

2. Occupancy Type

Check occupancy type

- Assembly
- A1 A2 A3 A4 A5
- Business
- B
- Educational
- E
- Factory
- F1 F2
- Hazardous
- H1 H2 H3 H4 H5
- Institutional
- I1 I2 I3 I4
- Mercantile
- M
- Residential
- R1 R2 R3 R4 R5
- Storage
- S1 S2
- Utility
- U
- Mixed Use Separated
- Mixed Use Non-Separated

3. Construction Information

Construction Class:

Check all that apply

- I A I B
- II A II B
- III A III B
- IV
- V A V B

Area: _____ sq. ft.

Number of Floor Levels: _____

Number of Control Areas: _____

Occupancy Load: _____

ALL PLAN REVIEW APPROVALS ARE SUBJECT TO FINAL INSPECTION

FIRE DEPARTMENT USE ONLY

Date Received: _____ By: _____ Plans Required: Hood Suppression Sprinkler Fire Alarm
Fee: _____ Date Paid: _____ Comments: _____
Plan Reviewer: _____
 Approved Approved with revisions: _____