



FIRE PLAN REVIEW APPLICATION

Date: _____

TEQUESTA FIRE RESCUE
357 Tequesta Drive, Tequesta, FL 33469
Phone: 561-768-0550 / Fax 561-768-0693

Location Of Work: _____

Work Valuation: \$ _____

Please check all the items that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Renovation | <input type="checkbox"/> Revised Prints |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hood System | <input type="checkbox"/> LP Gas |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Fuel Tanks/Lines | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Other |

Description of Work: _____

The undersigned hereby applies for plans to be reviewed for compliance. Review and approval of these plans shall not relieve the applicant of the responsibility of compliance with the adopted Codes and Ordinances of the Village of Tequesta.

OWNER

Business Name (If applicable) _____

Contact _____

Address _____

Telephone / Fax _____

CONTRACTOR

Business Name _____

Contact _____

Address _____

Telephone / Fax _____

For Official Use Only

Review Fee _____

Occupancy Class _____

Date _____

Fire Official Approval _____