



# 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 \_\_\_\_\_