

**STATE OF FLORIDA APPLICATION FOR PLAN REVIEW**

*(To initiate project review, all items on both sides must be complete!)*

**FACILITY REPORT**

*PLEASE UPDATE ALL CHANGES AS REQUIRED*

LOG NO. (Assigned by OPC) \_\_\_\_\_

Team (Assigned by OPC) \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

FACILITY CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROJECT REPORT**

*PLEASE UPDATE ALL CHANGES AS REQUIRED*

Team (Assigned by OPC) \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

ADDRESS OR DESCRIPTIVE LOCATION (If different from Facility)

\_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

PROJECT CONTACT PERSON\* \_\_\_\_\_ TITLE \_\_\_\_\_

**\*(For Construction Survey Scheduling)**

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

PROJECT COST ESTIMATE (Must be filled in) \$ \_\_\_\_\_ E-mail \_\_\_\_\_

**SPRINKLER REPORT**

*PLEASE UPDATE ALL CHANGES AS REQUIRED*

IS FACILITY COMPLETELY FIRE SPRINKLERED? Yes ( ) No ( ) Not Known ( )

**ALL CORRESPONDENCE WILL BE ADDRESSED TO THE FOLLOWING**

*PLEASE UPDATE ALL CHANGES AS REQUIRED*

**OWNER**

OWNER (COMPANY NAME) \_\_\_\_\_

OWNER CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS (If different than facility) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALL REVIEW INVOICES WILL BE ADDRESSED TO THE FOLLOWING**

*PLEASE UPDATE ALL CHANGES AS REQUIRED*

**BILLING (MUST BE OWNER OR LICENSEE)**

BILLING (COMPANY NAME) \_\_\_\_\_

BILLING CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS (If different than facility) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

(To initiate project review, all items must be complete!)

**IF REQUIRED BY C.O.N. PROVIDE A COPY OF THE C.O.N. LETTER OF EXEMPTION OR NON REVIEWABLE  
(EXCEPTION: NOT REQUIRED FOR AMBULATORY SURGICAL CENTER)**

C.O.N. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SQ. FT (CON) \_\_\_\_\_ EXEMPT # \_\_\_\_\_ NON-REVIEWABLE # \_\_\_\_\_

ANY CHANGES IN THE DESIGNATED PROJECT PLAYERS MUST BE UPDATED ON THIS FORM AS REQUIRED.  
NEW FIRMS MUST PROVIDE A REVISED APPLICATION FOR REVIEW AND A LETTER FROM THE OWNER  
STATING THIS ACCEPTANCE. ALL OTHER STATUTORY REQUIREMENTS FOR ASSUMING  
ARCHITECTURAL/ENGINEERING REPRESENTATION MUST BE COMPLETED.

**THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE**

**PROJECT PLAYER REPORT**

**ARCH. FIRM/FSES CONSULTANT** \_\_\_\_\_ FIRM CERTIFICATION AAC- \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ARCHITECT FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION AR - \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**MECH. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA- \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE- \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**SPRK. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA- \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE- \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**ELEC. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA- \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ FLA. REGISTRATION PE- \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**ELEC. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA- \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_ FLA. REGISTRATION PE- \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**STRUCT. ENG. FIRM** \_\_\_\_\_ FIRM CERTIFICATION CA- \_\_\_\_\_  
PROJECT MGR. \_\_\_\_\_ FLA. REGISTRATION PE- \_\_\_\_\_  
ENGINEER FOR SIGNING & SEALING \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL \_\_\_\_\_