

Document Review Request Form

Instructions: This form is to be completed by the project manager and submitted with the documents. For projects requiring State Fire Marshal review, also complete and submit an additional DFS Application for Plan Review form. Requests will not be processed until a valid account number or payment is provided.

1. **Action Requested:** Design Review (_____%) or Final Review 100% (for permit)

2. **Funding Department Account #:** _____ **Fee Amount \$:** _____

3. **Submittal Contents** (Provide a complete description and number of all items in this package.):

4. **Project Number:** _____ 5. **\$ Value of work:** _____

6. **Project Name:** _____

7. **Electrical panel load calculation required**

8. **Description of work:** _____

9. **FBC Class of Work:** New Repair Alteration Addition Demolition

10. **Project Location & Address:** _____

11. **Building Occupancy Type:** (check all that apply): Other/Special _____

Assembly Business Education Industrial Mercantile Residential Storage

12. **FBC Construction Type:** _____ 13. **Building Area (GSF):** _____

14. **Building Height** _____

15. **Architect / Engineer Name:** _____

E-mail address: _____ Phone Number: _____

Mailing Address: _____

16. **Project Manager (print):** _____

Department: _____ E-mail address: _____

Signature: _____ Date: _____

Phone #: _____

Address: 3528 N. Perseus Loop, Orlando, Florida 32816-3500

Telephone: (407) 823-5323

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