

## 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 #: \_\_\_\_\_