



## Bloomington Fire Protection District No. 1

### Plan Review Submittal

Project Information	
<b>Project name</b>	
<b>Project address</b>	
<b>Project city, state, ZIP</b>	
<b>Date of submittal</b>	

**Plan Review Type:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Life Safety</b> _____ : sq. ft.<br><input type="checkbox"/> <b>Rack Storage</b><br><input type="checkbox"/> <b>Aboveground Fuel Storage</b><br><input type="checkbox"/> <b>Fire Sprinkler:</b> _____ sprinklers<br><input type="checkbox"/> <b>Standpipe:</b> _____ systems<br><input type="checkbox"/> <b>Fire Pump:</b> _____ pumps<br><input type="checkbox"/> <b>Water Storage Tank</b><br><input type="checkbox"/> <b>Fire Alarm:</b> _____ Devices<br><input type="checkbox"/> <b>Wet Chemical/Hood Suppression:</b><br>_____ nozzle(s) | <input type="checkbox"/> <b>Mechanical Kitchen Hood:</b><br>_____ hood(s)<br><input type="checkbox"/> <b>Clean Agent:</b> _____ cubic ft.<br><input type="checkbox"/> <b>Site Plan</b><br><input type="checkbox"/> <b>Spray Booth</b><br><input type="checkbox"/> <b>Temporary Structure (Ex: Tent)</b><br><input type="checkbox"/> <b>Fireworks</b><br><input type="checkbox"/> <b>Other:</b> _____ |
|---|--|

Submitting Contractor Information	
<b>Company name</b>	
<b>Company address</b>	
<b>Company city, state, ZIP</b>	
<b>Contact person name</b>	
<b>Contact person phone</b>	
<b>Contact person email</b>	

***Important: Contact Information will be used for plan review fee payment request.  
See BFPD Plan Review Fee Schedule for more information.***

Designer Contact Information	
<b>Designer company name</b>	
<b>Designer name</b>	
<b>Designer phone</b>	
<b>Designer email</b>	

***Contact information will be used by reviewer to get clarification and/or request changes. Leaving this section blank may result in a delay in finishing the review.***

**\*\*\*Four complete sets of scaled drawings, manufacturer's datasheets, and calculations must be provided with each submittal**