UTAH STATE FIRE MARSHAL'S OFFICE

410 West 9800 South, 3rd Floor
Sandy, Utah 84070
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FIRE AND LIFE SAFETY PLAN REVIEW SUBMITTAL FORM

PROJECT DESCRIPTION: _____

SCOPE OF WORK SQUARE FOOTAGE FOR REVIEW INVOICE (Includes Alt Bids): _____

LOCATION (Address & City): _____

PARENT ORGANIZATION/COMPLEX: _____

DESIGN FIRM: _____ CONTACT: _____

ADDRESS: _____

TELEPHONE: _____EMAIL: _____

RESPONSIBLE PARTY FOR REVIEW FEE, IF NOT DESIGN FIRM: NAME: _____

COMPANY: _____ PHONE: _____ EMAIL: _____

Expected Completion Date: _____ Expected 70% Completion Date: _____

Description of Occupancy: _____ Occ. Load: _____

Licensed As Health Care? _____Type of Occupancy (IBC): _____

Number of Stories: _____   Height of Structure: _____ ft. Construction Type (IBC): _____

Total Square Footage: _____ Allowable Square Footage: _____

Fire Sprinklers Required? _____   Basis: _____

Water Supply Data: Flow_____(GPM)   Static_____(psi) Residual_____(psi)

Date of Test: _____Available Fire Flow: _____GPM at 20 psi.

NOTE: Water Supply Analysis must be included with submittal before the review process can originate. The following items **must** be submitted **electronically** or they will not be accepted for review. Send to planreviews@utah.gov. Check the appropriate box below to indicate which items are enclosed:

Engineer Water Supply Analysis	Electrical Plans	Mechanical Plans
Finish Schedules	Hardware Schedule	8-1/2" x 11" or 11" x 17" Key Plan
Architectural Plans	Fire Protection Plans	Specifications
Door and Window Schedules	Hardware Cut Sheets	Other

SIGNATURE: _____DATE_____

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<u>OFFICE USE ONLY</u>

Plan No._____Date Rec'd_____Time Rec'd_____Rec'd by_____