

**Branford Fire Department  
Plan Review  
Request**

*\*\* Plans will not be accepted for review unless accompanied by this form completed in full. Plan review will be completed 30 business day after being received by the Fire Marshal's office. This completed form must be accompanied by a full set of plans.*

**Project Information**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*(check ALL that apply)*

<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation of Existing Construction	<input type="checkbox"/> Addition
<input type="checkbox"/> Occupancy Change	<input type="checkbox"/> Kitchen Hood	<input type="checkbox"/> Kitchen Hood Ext. System
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> New Sprinkler Install.	<input type="checkbox"/> Mod. of Existing Sprinkler System
<input type="checkbox"/> Other: _____		

**Occupancy Classification**

*(check ALL that apply)*

<input type="checkbox"/> Assembly	<input type="checkbox"/> Educational	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Residential	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Business
<input type="checkbox"/> Assembly	<input type="checkbox"/> Industrial	<input type="checkbox"/> Storage
<input type="checkbox"/> Daycare	<input type="checkbox"/> Other: _____	

**Fire Protection Systems**

*(current & proposed)*

<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Supervised Fire Alarm System
<input type="checkbox"/> Single Station Smoke Detectors	<input type="checkbox"/> Other: _____

Property Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Continued on other side

Business Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Architect: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Who should be contacted regarding these plans?			
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Architect	<input type="checkbox"/> Contractor	<input type="checkbox"/> Business Owner

**\* Connecticut General Statute 29-292-4d Plan Submittal and Review**  
Detailed plans and specifications for new structures and additions, renovations, or alterations to existing structures shall be submitted by the applicant to the local fire marshal having jurisdiction to demonstrate compliance with Section 29-263 of the Connecticut General Statutes. *\*\*Exception one and two family dwellings*

In the event of modifications or changes to the plans that have been submitted, a new set of plans showing the changes must be submitted for review.

**Do Not Write Below This Line**

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Date Received: \_\_\_\_\_

Approved     Denied     Mod. Requested     Additonal Info Needed

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fire Marshal Signature: \_\_\_\_\_ Date: \_\_\_\_\_