



EAST GREENWICH FIRE DEPARTMENT
OFFICE OF FIRE PREVENTION
RESIDENTIAL PLAN REVIEW APPLICATION

REVIEW NUMBER
R-20 ____ - ____

TODAYS DATE: ____/____/____ ____ 3 Sets of plans submitted?

*******PLEASE PRINT CLEARLY*******

SITE NAME(if applicable):	PLAT:	LOT:
ADDRESS:		

BUILDING OWNER:	PHONE:
ADDRESS:	CITY: STATE: ZIP:

TYPE OF WORK

NEW BUILDING
 ADDITION
 RENOVATION

Does the addition/renovation involve new bedrooms or modification of existing ones? YES ____ NO ____

PRIMARY CONTACT:	PHONE:
EMAIL:	

GENERAL CONTRACTOR:	PHONE:
ADDRESS:	CITY: STATE: ZIP:

Description of work being performed:

<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Carbon Monoxide Detectors	<input type="checkbox"/> Heat Detectors
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FORM MUST BE COMPLETELY FILLED OUT OR IT MAY NOT BE PROCESSED

 APPLICANT SIGNATURE
 Please attach your business card

 DATE:
 -----Office use only-----

OFFICIAL USE ONLY

PLAN REVIEW FEE

Review Fee:
 SFR=\$75, Duplex--\$125 # Family
 3 Family-- \$175
TOTAL DUE: \$ _____

Date: _____ CK# _____ BY _____