## STATE OF FLORIDA APPLICATION FOR PLAN REVIEW

(To initiate project review, all items on both sides must be complete!)

FACILITY REPORT	PLEASE UPDATE ALL CHANGES	AS REQUIRED	LOG NO. (Assigned b	by OPC)			
FACILITY NAME			Team (Assigned				
ADDRESS	CITY	COUNTY	ZZIP				
FACILITY CONTACT PERSON			TITLE				
PHONE ()	FAX (	)	E-mail:				
PROJECT REPORT	PLEASE UPDATE ALL CHANGI	FS AS REOURED	Team (Assigned by OP	(C)			
				C)			
PROJECT NAME							
ADDRESS OR DESCRIPTIVE L	•	• /	710				
	CITY						
PROJECT CONTACT PERSON* TITLE *(For Construction Survey Scheduling)							
PHONE ()		FAX ()					
PROJECT COST ESTIMATE (MI	ust be filled in) \$	E-mail					
SPRINKLER REPORT			PLEASE UPDATE ALL CH	IANGES AS REQUIRED			
IS FACILITY COMPLETELY FI	RE SPRINKLERED? Yes (	) No ( ) Not Kno	own ( )				
ALL CORRI	ESPONDENCE WILL BE AD	D <mark>DRESSED TO THE F</mark> ALL CHANGES AS REQUI					
OWNER	FLLASL UFDATL A	ALL CHANGES AS REQUI	KLD				
OWNER (COMPANY NAME) _							
OWNER CONTACT PERSON _							
ADDRESS (If different than facili							
	STATECOUN		ZIP				
PHONE ()	FAX ()		E-mail:				
ALL	REVIEW INVOICES WILL						
	PLEASE UPDATE A	ALL CHANGES AS REQUI	RED				
BILLING (MUST BE OWNER	OR LICENSEE)						
BILLING (COMPANY NAME)							
BILLING CONTACT PERSON _			TITLE				
ADDRESS (If different than facili	ity)						
CITY	STATECOU	NTY	ZIP				
PHONE ()	FAX ()		E-mail:				

## (To initiate project review, all items must be complete!)

## IF REQUIRED BY C.O.N. PROVIDE A COPY OF THE C.O.N. LETTER OF EXEMPTION OR NON REVIEWABLE (EXCEPTION: NOT REQUIRED FOR AMBULATORY SURGICAL CENTER) C.O.N. #\_\_\_\_\_\_ EXP. DATE\_\_\_\_\_\_ SQ. FT (CON) \_\_\_\_\_ EXEMPT #\_\_\_\_\_ NON-REVIEWABLE #\_\_\_\_\_

ANY CHANGES IN THE DESIGNATED PROJECT PLAYERS MUST BE UPDATED ON THIS FORM AS REQUIRED. NEW FIRMS MUST PROVIDE A REVISED APPLICATION FOR REVIEW AND A LETTER FROM THE OWNER STATING THIS ACCEPTANCE. ALL OTHER STATUTORY REQUIREMENTS FOR ASSUMING ARCHITECTURAL/ENGINEERING REPRESENTATION MUST BE COMPLETED.

THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE						
PROJECT PLAYER REPORT	<u>r</u>					
ARCH. FIRM/FSES CONSUL	TANT	FIRM CERTIFICATION AAC				
PROJECT MGR.						
PROJECT MGRARCHITECT FOR SIGNING & SEALING			FLA. REGISTRATION AR -			
MAILING ADDRESS			TELEPHONE NO.			
MAILING ADDRESSSTATE		ZIP CODE	TELEPHONE NOFAX:			
C111		E-MAIL				
MECH. ENG. FIRM			FIRM CERTIFICATION CA-			
PROJECT MGR.						
ENGINEER FOR SIGNING & SEALING			FLA. REGISTRATION PE			
MAII ING ADDRESS			TELEPHONE NO			
CITY	STATE	ZIP CODE	FAX:			
		E-MAIL				
SPRK. ENG. FIRM			FIRM CERTIFICATION CA			
PROJECT MGR						
ENGINEER FOR SIGNING & SEALING			FLA. REGISTRATION PE			
MAILING ADDRESSSTATE						
CITY	STATE	ZIP CODE_	TELEPHONE NO FAX:			
		E-MAIL				
ELEC. ENG. FIRM			FIRM CERTIFICATION CA			
PROJECT MGR						
ENGINEER FOR SIGNING	G & SEALING		FLA. REGISTRATION PE			
MAH DIG ADDDEGG			TELEPHONE NO			
CITY	STATE	ZIP CODE	TELEPHONE NO FAX:			
		E-MAIL				
ELEC. ENG. FIRM			FIRM CERTIFICATION CA-			
PROJECT MGR.			FLA. REGISTRATION PE			
ENGINEER FOR SIGNING & SEALING			TELEPHONE NO			
MAILING ADDRESSSTATE			FAX NO			
CITY	STATE	ZIP CODE	FAX:			
		E-MAIL				
STRUCT. ENG. FIRM			FIRM CERTIFICATION CA			
PROJECT MGR.			FLA. REGISTRATION PE			
ENGINEER FOR SIGNING	G & SEALING		TELEPHONE NO			
MAILING ADDRESS			EAVAG			
CITY	STATE	ZIP CODE	FAX NO FAX:			
		E-MAIL				