



Cromwell Fire District
Office of the Fire Marshal

Application for Plan Review Date: _____
PLEASE PRINT LEGIBLY

Applicant:
Company Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Location of Owner:
Owner's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Location of Work:
Address: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

CONTACT PERSON: _____ **TELEPHONE:** _____
CELL PHONE: _____ **FAX:** _____
EMAIL: _____

PRINT NAME: _____ **SIGNATURE:** _____

(Must Check One) Proposed Use Existing Use
 Business Restaurant Healthcare Storage
 Mercantile Residential Apartment Industrial

What are you building? (Please describe in detail) New Remodel Addition

Start work date: _____

Must have sign-off from Fire Marshal before final CO will be issued by building department. Call for inspections.

Do not write below this line-For Office Use Only

Shall meet current Connecticut Life Safety Code. This approval is based on plans submitted at this time.

APPROVALS

General Permit to Construct _____	Date _____	Required for Occupancy: <input type="checkbox"/> Electrical Plans <input type="checkbox"/> Mechanical <input type="checkbox"/> Door & Locking Schedules <input type="checkbox"/> Sprinkler Drawings & Calcs <input type="checkbox"/> Fire Alarm Design <input type="checkbox"/> Other _____
Foundation Only _____	Date _____	
Structure Only _____	Date _____	
Other _____	Date _____	

REJECTED: _____ **Date:** _____
Concern: _____