

Newport Fire Department
Plan Review Application

PLAN: _____

FOUR (4) COMPLETE SETS OF PLANS MUST BE SUBMITTED WITH THIS APPLICATION

Plans Include: Electrical Fire Alarm HVAC Sprinkler Other
(check all that apply)

Owner: _____
Address: _____
City: _____ State: _____
Tel: () _____

Name of Facility: _____
Address: _____
City: _____ State: _____
Tel: () _____

Contractor: _____
Address: _____
City: _____ State: _____
Tel: () _____

Electrical Contractor: _____
R.I. License #: _____
R.I. Alarm License #: _____
Tel: () _____

Type of Work New Addition Rebuild Other Rehab Code

Type of Occupancy Assembly Business Industrial Storage
Mercantile Apt Houses / Condo Other
(check all that apply)

Type of Heating Electric Gas Oil Other: _____

Contact Person: Name: _____ Tel: () _____
(please print)

I hereby certify that I have the authority to make the foregoing application, that the application is correct to the best of my knowledge, and the owner of this building and the undersigned agree to comply with the applicable codes and ordinances of this jurisdiction.

Applicant's signature: _____ Tel: () _____

OFFICIAL USE ONLY

Date plans accepted ___ / ___ / ___ Estimated cost of construction \$ _____
Fee \$ _____ Check # _____

Plans Rejected

Date: ___ / ___ / ___ By: _____ Date returned: ___ / ___ / ___
Date: ___ / ___ / ___ By: _____ Date returned: ___ / ___ / ___
Date: ___ / ___ / ___ By: _____ Date returned: ___ / ___ / ___

Plans Approved

Date: ___ / ___ / ___ (Fire Prevention) Date: ___ / ___ / ___ (Fire Alarm)
Date called: ___ / ___ / ___ By: _____