



Warehouse Point Fire District

Office of the Fire Marshal

89 Bridge Street East Windsor, CT. 06088

860-623-5596 860-292-8265 (Fax)

www.whpfd.org

PLAN REVIEW APPLICATION FORM

PROJECT LOCATION INFORMATION			
Street No. & Street Name:			
Detailed Description of Project:			
Work Includes: <input type="checkbox"/> Fire Protection <input type="checkbox"/> Fire Detection <input type="checkbox"/> Hood System <input type="checkbox"/> Site Plan <input type="checkbox"/> Subdivision Plan			
Residential Projects, 3 or more Family – 1 complete sets of detailed construction plans, plot plans, and supporting documentation. Commercial Projects - 1 complete sets of detailed construction plans, plot plans, and supporting documentation.			
PROPERTY OWNER'S INFORMATION AS IT APPEARS ON THE LAND RECORDS			
Name:			
Business Name (if applicable):			
Mailing Address:			
Phone:	Cell:	Email:	
APPLICANT/CONTRACTOR INFORMATION			
Name:			
Business Name (if applicable):			
License/Registration (Type & No.):		Expiration Date:	
Mailing Address:			
Phone:	Cell:	Email:	
SUB-CONTRACTOR INFORMATION (OPTIONAL)			
Name:	Phone:	Lic. No. :	Exp. Date:
Name:	Phone:	Lic. No. :	Exp. Date:
Name:	Phone:	Lic. No. :	Exp. Date:
AFFIDAVIT			
I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official.			
I hereby certify that the proposed work shall conform to the Connecticut State Building Code and all other codes as adopted by the State of Connecticut, the Warehouse Point Fire District, and the Town of East Windsor. I further attest that I am authorized to make application for a Permit for such work as described above.			
Signature:		Print Name:	
		Date:	
VALUE OF PROJECT: Value shall include all labor and material costs and shall include electrical, heating, plumbing, and fuel gas work, if applicable.		PERMIT FEES (Office Use Only)	
TOTAL VALUE OF PROJECT: \$		Plan Review Fee:	
		Fire Protection Fee:	
		Fire Detection Fee:	
		Hood System Fee:	
		Site Plan Fee:	
		Subdivision Fee:	
		TOTAL FEES: \$	
		Date Paid: <input type="checkbox"/> Cash	
		Receipt No.: <input type="checkbox"/> Check #	
January 10, 2016			