

GOLDEN VALLEY FIRE DISTRICT
Plan Review Application

Project Site Address: _____ Project Name: _____

Contractor/Business Name: _____

Contact Name: _____ Contact Address: _____

Contact Phone: _____ Fax: _____ Email: _____

Type of Review:

☐ Building _____ New Construction _____ Tenant Improvement

Square Feet: _____ Occupancy Type: _____ Construction Type: _____

☐ Fire Sprinkler System _____ New _____ Modification _____ # of Sprinkler Hoods

Contractor Name: _____ Phone: _____ Email: _____

☐ Fire Alarms System _____ New _____ Modification _____ # of Devices

Contractor Name: _____ Phone: _____ Email: _____

☐ Hood Suppression System _____ New _____ Modification _____ # of Hoods

Contractor Name: _____ Phone: _____ Email: _____

☐ Fire Hydrant/Water Main _____ # of Hydrants

☐ Other: _____

Email Completed Application & Plans (.pfd) to: firemarshal@goldenvalleyfire.org
Staff will email confirmation of receipt and payment information.

Office Use Only

Date

Description of Contact

1) _____

2) _____

3) _____

4) _____

5) _____

Fee \$ _____ Date Billed _____ Date Paid _____ Initials _____