

IDAHO STATE FIRE MARSHAL
 Department of Insurance
 700 W. State Street, 3rd Floor
 Boise, Idaho 83720-0043
 Phone: (208) 334-4370
 Fax: (208) 334-4375
 www.doi.idaho.gov



PLAN REVIEW FORM

To be submitted with plans

STATE PROJECT

Yes No

If yes, DPW or BLD# _____

DATE	
NAME OF PROJECT	
PROJECT NUMBER	
ADDRESS OF PROJECT	
CITY OF PROJECT	IF OUTSIDE CITY LIMITS, COUNTY OF PROJECT
PLAN DESCRIPTION	TYPE OF SYSTEM
<input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> RESUBMITTAL	<input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D <input type="checkbox"/> OTHER, PLEASE SPECIFY
TYPE OF OCCUPANCY CLASSIFICATION	FIRE DEPARTMENT JURISDICTION
SPRINKLER CONTRACTOR COMPANY	IDAHO LICENSE (FPSC-####)
	FPSC-
CONTACT PERSON	CONTACT NUMBER

Fees: 1 – 1,000 heads @ \$2.00 each _____
 (\$100 minimum)

Additional heads @ \$1.00 each _____

Amount Enclosed _____

Total Head Count _____

Submit a minimum of 4 sets of folded plans and 3 sets of calculations. One complete set must be submitted on a CD in .pdf format. Provide additional plans if more than one approved set are required for your use.

- OFFICE USE ONLY -

4 sets of plans 3 sets of calculations CD (.pdf file)

Approved by _____

Approved date _____

Amount due _____

Disapproved date _____