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

DATE	To be submitted with plans		STATE PROJECT Yes No	
		If yes, DPW #		
NAME OF PROJECT		PROJECT NUMBE	R	
ADDRESS OF PROJECT				
CITY OF PROJECT	LE CLITCIDE CITY LIMITE CO	INTV OF PROJECT		
CITY OF PROJECT	IF OUTSIDE CITY LIMITS, CO	UNITY OF PROJECT		
PLAN DESCRIPTION	TYPE OF SYSTEM			
☐ NEW ☐ REMODEL ☐ RESUBMITTA		13D OTHER, PLEASE	SPECIFY	
TYPE OF OCCUPANCY CLASSIFICATION	FIRE DEPARTMENT JURISDIC	CTION		
SPRINKLER CONTRACTOR COMPANY		IDAHO LICENSE (FPSC-####)		
		FPSC-		
CONTACT PERSON		CONTACT NUMBER		
Fees:	1 – 1,000 heads @ \$2	2.00 each		
		ninimum)		
	Additional heads @ \$3	1.00 each		
Amount Enclosed	Total Ho	ad Count		
Amount enclosed	rotai ne	ad Count		
bmit a minimum of 4 sets of folded plans a				
a CD in .pdf format. Provide additional pla	ns if more than one ap	proved set are required	l for your use.	
	- OFFICE USE ONLY - —	_		
4 sets of plans	3 sets of calculations	CD (.pdf file)		
Approved by	Approved date			
Amount due	Disapproved d	Disapproved date		

REVISED 11/2011 AMOUNT RECEIVED_____