



# GRAND TRAVERSE METRO FIRE DEPARTMENT FIRE PREVENTION BUREAU

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## Application for

### BUILDING PLAN REVIEW / PERMIT

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

(FOR OFFICE USE ONLY)

APPLICANT NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT PHONE NUMBERS: BUSINESS \_\_\_\_\_

CELL \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

### SITE INFORMATION

BUSINESS OR BUILDING NAME: \_\_\_\_\_

SPECIFIC USE OF BUILDING: \_\_\_\_\_

USE GROUP PROPOSED: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ SQUARE FOOTAGE \_\_\_\_\_

FIRE SUPPRESSION SYSTEM: YES \_\_\_\_\_ NO \_\_\_\_\_

FIRE ALARM SYSTEM: YES \_\_\_\_\_ NO \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_