

(Choose only one)

PLAN REVIEW APPLICATION for:

**Building Fire Alarm
 Mechanical Sprinkler**

Municipal Plan Review (Building Officials Only)
 Use Applicant section below

PLANS WILL BE SUBMITTED BY: Paper Electronic

PROJECT INFORMATION			
PROJECT NAME			PROJECTED CONSTRUCTION VALUE
SITE LOCATION (number and street name)			PLAN REVIEW APPLICATION # (office use only)
PROJECT CITY or PROJECT TOWNSHIP (Enter only the city or the township, not both)			COUNTY
PROJECT DESCRIPTION			
APPLICANT			NAME
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL
DESIGN FIRM			NAME
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL
OWNER OR STATE AGENCY			NAME
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL
PROJECT CONTACT			NAME
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL
CONTRACTOR (if known)			NAME
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL

PROJECT TYPE
(As defined by MN Statute 326B.103 Subd. 11 and Subd. 13)

Public Buildings - A building and its grounds the cost of which are paid for by the state or state agency regardless of its costs.

Municipal (Building Officials Only)

Place of Public Accommodation – A facility designed for occupancy by 100 or more people in a non-code adopted municipality.

Public School District - A school district building project or charter school building project, the cost of which is **\$100,000** or more.

Including High School K – 8 (Only)

State Licensed Facility - A building and its grounds that are licensed by the state as a:

boarding care colleges and universities (MNSCU) correctional facility free-standing outpatient surgical center
 hospital nursing home residential hospice supervised living facility Assisted Living & Living with Dementia Care

****If your project is not licensed specifically as listed above in this section, the project is not under the jurisdiction of the Building Plan Review Unit.****

CLASS OF WORK

New Building Construction	Addition/Alteration	Alteration	Other, specify:			
IBC OCCUPANCY CLASSIFICATION(S)	IBC TYPE OF CONSTRUCTION(S)	SPRINKLER SYSTEM	None	NFPA 13	NFPA 13R	NFPA 13D Partial System

ANTICIPATED START DATE:

NOTE: The following materials shall be submitted (as applicable) with this Application for Plan Review;

Failure to submit all required information will result in delay of project processing.

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|---|-----------------------------------|---------------------------------|
| 1. Complete set of Plans and Specifications | 4. Code Record | 7. Soils Investigation Report |
| 2. Addenda and/or Change Orders | 5. Sample Structural Calculations | 8. Energy Code Compliance Forms |
| 3. Plan Review Fee | 6. Special Inspection Program | |

APPLICANT INFORMATION

APPLICANT NAME (PRINT)	DATE
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APPLICANT SIGNATURE

Calculated Plan Review Fee (By Applicant)	FOR OFFICE USE ONLY		
Please see: www.dli.mn.gov/CCLD/PlanConstructionCalc.asp for correct calculation of the required plan review fee.	Date	Amount of Check	
Plan Review Fee: Check Enclosed Invoice: to State Agency	Invoice #	Check #	Returned Check
Note: Invoicing is only available to state agencies. Please provide your Agency name and address below.	Plan Review Application # <input type="checkbox"/> 75% <input type="checkbox"/> 100%		
State Agency to be Invoiced:			
Address:			
City: State: MN Zip Code:			

This material can be made available in different forms. To request, call 1-800-342-5354.