

(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 hospital nursing home
residential hospice free-standing outpatient surgical center supervised living facility assisted living/living w/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.

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

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 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
	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	Plan Review Application #	
Note: Invoicing is only available to state agencies. Please provide your Agency name and address below.			
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.