

**Town of Hamden
Department of Fire & Emergency Services**

Plan Review Request

**Plans will not be accepted for review unless accompanied by this form completed in full. Plan review will be completed 30 business days after being received by the Fire Marshal's office. This completed form must be accompanied by a full set of plans.

Project information

Date: _____

Project Name: _____

Project Address: _____

Phone: _____ Fax: _____

(Check all that apply)

- New Construction
- Renovation of Existing construction
- Addition
- Kitchen Hood
- Kitchen Hood Ext. System
- Mod. Of Existing Sprinkler System
- New Sprinkler Install
- Occupancy change
- Fire Alarm
- Other: _____

Occupancy Classification

(Check all that apply)

- Assembly
- Residential
- Daycare
- Educational
- Mercantile
- Industrial
- Health Care
- Business
- Storage
- Other: _____

**Fire Protection Systems
(Current & Proposed)**

<p><input type="checkbox"/> Sprinkler System</p> <p><input type="checkbox"/> Supervised Fire Alarm System</p> <p><input type="checkbox"/> Single Station Smoke Detectors</p> <p><input type="checkbox"/> Other: _____</p>

Property Owner: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Business Owner: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Contractor: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Architect: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

<p>Who should be contacted regarding these plans?</p> <p><input type="checkbox"/> Property Owner</p> <p><input type="checkbox"/> Architect</p> <p><input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Business Owner</p>
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***Connecticut General Statute 29-292-4d Plan Submittal and Review**

Detailed plans and specifications for new structures and additions, renovations, or alterations to existing structures shall be submitted by the applicant to the local fire marshal having jurisdiction to demonstrate compliance with Section 29-263 of the Connecticut General Statutes. **Exception one and two family dwellings

In the event of modifications or changes to the plans that have been submitted, a new set of plans showing the changes must be submitted for review.

-Do Not Write Below This Line-

Date Received: _____

Approved Denied Mod.Requested Additional information needed

Comments:

Fire Marshal Signature: _____ **Date:** _____