



**Town Of Hamden**  
**Department of Fire & Emergency Services**  
**Office of the Fire Marshal**  
**2750 Dixwell Avenue**  
**Hamden CT 06518**

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## PLAN REVIEW REQUEST

### SECTION 1: PROJECT INFORMATION

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

### SECTION 2: PROJECT CONTACT INFORMATION

Primary Contact: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Architect: \_\_\_\_\_

Architect Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_

### SECTION 3: SCOPE OF WORK, OCCUPANCY USE (Please check applicable)

- New Construction
- Renovation of Existing Construction
- Addition
- Occupancy Change of Use
- Sprinkler System, Install New
- Sprinkler System, Modify Existing
- Fire Alarm System, Install New
- Fire Alarm System, Modify Existing
- Kitchen Exhaust Hood with Automatic Fire-Extinguishing System

- Assembly
- Residential
- Daycare
- Educational
- Mercantile
- Industrial
- Healthcare
- Business
- Storage
- \_\_\_\_\_

#### IF EXISTING BUILDING - CURRENT FIRE PROTECTION FEATURES

- Sprinkler System
- Supervised Fire Alarm System
- Single Station Smoke Alarms
- \_\_\_\_\_

*CT State Fire Safety Code Sec. 104 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 and this code.*

*Exception: one and two family dwellings*

Plan reviews will be completed within 30 days after being received. This form must be accompanied by a detailed set of plans. 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **DO NOT MARK THIS SECTION. TO BE COMPLETED BY THE FIRE MARSHAL'S OFFICE**

Permit Fee Total: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Date of Permit Issuance: \_\_\_\_\_

Permit Application is:

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 93.33. Plan Review Fee Schedule

<b>Review of Building Plans</b>	Buildings under 2,000 sq. ft.	\$55
	Buildings 2,000-4,999 sq. ft.	\$110
	Buildings 5,000-9,999 sq. ft.	\$400
	Buildings 10,000- 49,999sq. ft.	\$800
	Buildings over 50,000 sq. ft.	\$1350
<b>Review of Fire Alarm Plans</b>	Buildings under 5,000 sq. ft.	\$55
	Buildings 5,000-9,999 sq. ft.	\$110
	Buildings 10,000- 49,999 sq. ft.	\$215
	Buildings over 50,000 sq. ft.	\$320
<b>Review of Sprinkler Plans</b>	Buildings under 5,000 sq. ft.	\$55
	Buildings 5,000-9,999 sq. ft.	\$110
	Buildings 10,000- 49,999 sq. ft.	\$215
	Buildings over 50,000 sq. ft.	\$320
<b>Special Installations</b>	hood & duct, computer rooms, kitchen fire suppression systems, other	\$55