



City of Salisbury Fire Department

325 Cypress Street
Salisbury, MD 21801
(410)548-3120
Fax (410)548-3121



Commercial Building Plan Review Request & Submittal Form

Section 1, Property Information

Project Address	
Property Owner	Day Phone
Owner's Address	
Occupant/Tenant	Day Phone
Occupant/Tenant Mailing Address	
Project Name (if applicable)	

Section 2, Submitting Party

Name	
Address	
Day Phone	Email

Section 3, Primary Contact

(This person will receive ALL correspondence, notices, and questions regarding permit processing and plan Review)

Name	Day Phone
Email	

Section 4, Project Information

New Construction Remodel Addition Alteration Tenant Fit-Out

NFPA Building Occupancy Classification (check all that apply)

<input type="checkbox"/> Assembly	<input type="checkbox"/> Detention & Correctional	<input type="checkbox"/> Residential	<input type="checkbox"/> Multiple
<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Lodging or Rooming House	<input type="checkbox"/> Separated
<input type="checkbox"/> Day-Care	<input type="checkbox"/> Business	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Mixed
<input type="checkbox"/> Health Care	<input type="checkbox"/> Industrial	<input type="checkbox"/> Dormitory	
<input type="checkbox"/> Ambulatory Health Care	<input type="checkbox"/> Residential Board & Care	<input type="checkbox"/> Apartment	

Professional of Record

Name _____

Address _____

Phone _____	Email _____	Registration # _____
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General Contractor

Name _____

Address _____

Phone _____	Email _____	License # _____
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Office use only

\$ _____ (Building Permit Fee) X 60% : \$ _____ Fire/Life Safety Plan Review Fee