



## City of Salisbury Fire Department

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



### Fire/Life Safety Site 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     Addition     Special Event     Other:

**Proposed NFPA Building Construction Classification (provide classification notation)    Not Applicable**

Type I (\_\_\_\_\_)     Type II (\_\_\_\_\_)     Type III (\_\_\_\_\_)     Type IV (\_\_\_\_\_)     Type V (\_\_\_\_\_)

**Complete Automatic Sprinkler System Proposed?**     Yes     No     Not Applicable

**Professional of Record    Not Applicable**

Name

Address

Phone

Email

Registration #

**General Contractor    Not Applicable**

Name

Address

Phone

Email

License #