



PLAN REVIEW APPLICATION

OFFICE OF FIRE MARSHAL

1203 N. HUDSON/PO BOX 1188 SILVER CITY, NM 88062

(575) 956-1273 FAX (575) 956-1289

APPLICATION # _____

DATE: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION (Type or Print in Black Ink Only)

Project Address _____ Owner's Name _____

Lot ___ Blk. ___ Subdivision: _____ Section ___ Township ___ Range ___ Property code: 3- ___ - ___ - ___ - ___

New ___ Addition ___ Remodel ___ Demolition ___

APPLICANT INFORMATION:

Name: _____ Address: _____ Phone #: _____

CONTRACTOR INFORMATION:

Business Name _____ Business Address _____ License # _____

Principal Party's Name: _____ Phone #: _____ Fax/Cell # _____

ARCHITECT/ENGINEER INFORMATION:

Architect's or Engineer's Name _____ Business Address _____ Phone # _____ License # _____

Architect's or Engineer's Name _____ Business Address _____ Phone # _____ License # _____

Architect's or Engineer's Name _____ Business Address _____ Phone # _____ License # _____

Building Used for: _____ Total Floor Space of Project _____ sq. ft.

Occupancy: _____ Setback From Property Lines: Front _____ Side _____ Side _____ Back _____

(If Apartments, Hotels, Motels, etc. indicate No. of units)

Type of Construction: I, II, III, IV, V, FR, 1hr., HT, Non _____ Occupancy Group: A, B, E, H, I, M, R, S, U _____ Division: 1, 2, 2.1, 3, 4, 5, 6, 7

(Circle All That Apply) (Circle All That Apply)

VALUATION: \$ _____ DATE to START: _____ DATE to COMPLETE: _____

I hereby acknowledge that I have read this application and state that the above is true and correct. I agree to comply with the existing laws and codes pertaining to building, plumbing, gas piping, mechanical and electrical wiring. I agree to notify the building inspection department for an inspection at each stage of construction, as outlined in the Building Permit Guidelines, and give 48 hours notice for such inspection. I understand that review and issuance of a Certificate of Occupancy by the Building Inspector may take up to 3 business days from time of final inspection.

Builder's Signature: _____ Date: _____

Comments:

Large empty box for comments.

FOR STAFF USE ONLY

Plan Review Fee: \$ _____

Receipt No. _____

Date Paid: _____

Plans : Approved Not Approved:

By Fire Marshal _____

FEE SCHEDULE:

Plan Review:	\$0 to \$99,999	\$25.00
(Per schedule)	\$100,000 to \$199,999	\$75.00
	\$200,000 to \$299,999	\$125.00
	\$300,000 to \$399,999	\$175.00
	\$400,000 to \$499,999	\$225.00

For each additional \$100,000, \$50.00 will be added.

Authorization (Per Fire Code)	Sprinkler Head	\$1.00 each
	Smoke/Heat Detectors	\$1.00 each
	Pull Stations	\$1.00 each
	Horn/Strobe Notifiers	\$1.00 each
	Riser	\$50.00
	Alarm Panel	\$50.00
	All Other Construction Permits	\$50.00

Operational Permits (Per fire code and annual inspection, except non-profit organizations) \$25.00

Re-inspections (for commercial buildings – new and remodels) \$25.00

Total application fee: \$ _____