## TRAVERSE CITY FIRE DEPARTMENT FIRE PREVENTION BUREAU



500 WEST FRONT ST. TRAVERSE CITY, MI 49684 PHONE: (231)922-4930 FAX: (231)922-4872

## CONSTRUCTION/REMODEL FIRE CODE PLAN REVIEW APPLICATION

DATE:	PERI	MIT #	(FOR OFFICE USE ONLY)
APPLICANT NAME: _	AME: CONTACT:		
APPLICANT ADDRESS	:		
CITY:		STATE:	ZIP:
APPLICANT PHONE NUMBER:		EMAIL:	
CONSTRUCTION CON	TRACTOR :		
CONTRACTOR PHON	E NUMBER:	EMAIL:	
PROJECT NAME:			
PROJECT ADDRESS:_			
SPECIFIC BUILDING U	JSE:		
CONSTRUCTION TYPE	E PROPOSED:	SQUARE FOOT	AGE:
FIRE SUPPRESSION S	YSTEM:YE	SNO	
FIRE ALARM SYSTEM	I:YES	_NO	
PLAN REVIEW, PERM	IT AND INSPECTI	ION FEE SCHEDULE	
NEW CONSTRUCTION	/REMODEL FIRE	CODE REVIEW	
0-2000 sq. ft. 2001-5000 sq. ft. 5001-10,00 sq. ft. 10,00-50,00 sq. ft. 50,001-100,00 sq. ft. 100,000-500,000 sq. ft. Over 500,000 sq. ft.	\$165.00 \$220.00 \$245.00 \$365.00 \$550.00		
Minimum fee \$100.00 for Fee can be waived at disc Two (2) inspections inclu Additional inspections ch charge.	eretion of reviewer f ded in the permit fe	or minor projects.	ur
Work started prior to renormal established fee.	view and issuance of	f permits shall incur an addi	tional fee of %20 above
Application and Sealed p	lans shall be submit	tted to Kfritz@tcfire.org	
APPLICANT SIGNATU	RE:		