

Greenwich Fire Department Plan Review Submittal

Date: _____

Address: _____

Occupant: _____

Owner: Name: _____

Address: _____

Phone: _____

Architect: Name: _____

Address: _____

Phone: _____

Contractor: Name: _____

Address: _____

Phone: _____

Job Description: _____

Fire Department Use Only

Inspector: _____

Permit #: _____

Plan Type: Building Sprinkler

Alarm P & Z

Date Reviewed: _____

Comments: _____
