



Office of the Fire Marshal
Town of East Hampton, CT

Application for Plan Review Date: _____
PLEASE PRINT LEGIBLY

Applicant:
Company Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Location of Owner:
Owner's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Location of Work:
Address: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

CONTACT PERSON: _____ TELEPHONE: _____
CELL PHONE: _____ FAX: _____
EMAIL: _____

PRINT NAME: _____ SIGNATURE: _____

(Must Check One) Proposed Use Existing Use
 Business Restaurant Healthcare Storage
 Mercantile Residential Apartment Industrial

What are you building? (Please describe in detail) New Remodel Addition

Start work date: _____

Must have sign-off from Fire Marshal before final CO will be issued by building department. Call for inspections.

Do not write below this line-For Office Use Only
Shall meet current Connecticut Life Safety Code. This approval is based on plans submitted at this time.

APPROVALS
General Permit to Construct _____ Date _____
Foundation Only _____ Date _____
Structure Only _____ Date _____
Other _____ Date _____

Required for Occupancy:
 Electrical Plans
 Mechanical
 Door & Locking Schedules
 Sprinkler Drawings & Calcs
 Fire Alarm Design
 Other _____

REJECTED: _____ Date: _____
Concern: _____