



DEPARTMENT OF STATE POLICE
 OFFICE OF THE STATE FIRE MARSHAL
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FIRE MARSHAL ARCHITECTURAL PLANS REVIEW SUBMITTAL FORM

Top of form must be completed by applicant or permits staff and faxed to OSFM contact by permits staff. Thank you.

Date: _____ Building Permit Number: _____

PROJECT:

Project/Business Name: _____

Project Complete Street Address: _____

Please mark applicable box or boxes in sections below. Thank you.

- New Addition Shell White Box Tenant Fit Out/Interior Alteration

Description of Work: _____

How do you intend to use the space? _____

Change in Use, with or without work proposed - Existing Use: _____ Proposed Use: _____

Change in Owner/Tenant Only with no Modifications Proposed - Use: _____

Is this part of a multi-tenant building? Circle Y / N How many stories is the building? _____ Area of space _____ ft²

APPLICANT:

Name: _____ Signature: _____

Company Name: _____

Company Address: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

The approval is based upon information contained in the submitted plans only and does not cover unsatisfactory conditions resulting from errors, omissions, or failure to clearly indicate conditions. Other code deficiencies may be cited where a visual inspection of completed construction reveals conditions affecting project design which were not indicated on the plans.

OSFM USE ONLY

<i>ACTION</i>	<i>DATE</i>	<i>INITIALS</i>
<input type="checkbox"/> OSFM PLAN REVIEW NOT REQUIRED DUE TO SCOPE OF WORK	_____	_____
<input type="checkbox"/> NOT APPROVED, AWAITING REVISIONS	_____	_____
<input type="checkbox"/> APPROVED W/COMMENTS TO APPLICANT	_____	_____
<input type="checkbox"/> APPROVED, NO COMMENTS TO APPLICANT	_____	_____
<input type="checkbox"/> INSPECTION BY OSFM IS REQUIRED PRIOR TO FINAL/U & O	_____	_____
<input type="checkbox"/> NO INSPECTION BY OSFM IS REQUIRED PRIOR TO FINAL/U & O	_____	_____

OSFM FIRE PROTECTION ENGINEER APPROVAL _____

DATE OF FINAL PLAN APPROVAL _____

OCCUPANCY PER NFPA 101
 AREA _____

TOTAL OCC LOAD _____
 FT²

AUTOMATIC SPRINKLERS REQUIRED YES NO PROVIDED YES NO

FIRE ALARM REQUIRED YES NO PROVIDED YES NO

BILLED AT PLAN REVIEW STAGE YES NO

INSPECTION NOTES: _____