



MILFORD FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
 72 NEW HAVEN AVE
 MILFORD, CT 06460
 O. 203-874-6321

(OFFICE USE ONLY)

PLAN REVIEW FORM

DATE		(OFFICE USE ONLY) ID:
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NAME OF PLANS	
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ADDRESS OF PLANS SUBMITTED	
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TYPE OF PLAN (PLEASE SELECT ALL THAT APPLY)	<input type="checkbox"/> SITE PLAN <input type="checkbox"/> GENERAL <input type="checkbox"/> AMENDMENT <input type="checkbox"/> REVISIONS	<input type="checkbox"/> BUILDING <input type="checkbox"/> LESS THAN 2,000sf <input type="checkbox"/> 2,000sf - 4,999sf <input type="checkbox"/> 5,000sf - 9,999sf <input type="checkbox"/> 10,000sf - 49,999sf <input type="checkbox"/> 50,000sf <input type="checkbox"/> REVISIONS	<input type="checkbox"/> FIRE ALARM <input type="checkbox"/> LESS THAN 5,000sf <input type="checkbox"/> 5,000sf - 9,999sf <input type="checkbox"/> 10,000sf - 49,999sf <input type="checkbox"/> 50,000sf <input type="checkbox"/> REVISIONS	<input type="checkbox"/> SPRINKLER <input type="checkbox"/> LESS THAN 5,000sf <input type="checkbox"/> 5,000sf - 9,999sf <input type="checkbox"/> 10,000sf - 49,999sf <input type="checkbox"/> 50,000sf <input type="checkbox"/> REVISIONS
	<input type="checkbox"/> OTHER: _____			

BUSINESS NAME	
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CONTACT NAME	
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CONTACT MAILING ADDRESS	
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CONTACT EMAIL	
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CONTACT PHONE	OFFICE
	CELL

**** ALL PLAN REVIEW RESULTS WILL BE DELIVERED VIA EMAIL ****

OFFICE USE ONLY		
<input type="checkbox"/> ROLLED PLANS <input type="checkbox"/> FILED PLANS <input type="checkbox"/> E-PLANS	Reviewer's Initials:	<input type="checkbox"/> Approved as Submitted
Payment Date:	Review Date:	<input type="checkbox"/> Approved w/ Conditions
<input type="checkbox"/> Check # <input type="checkbox"/> CC	Report Emailed Date:	<input type="checkbox"/> Rejected
Payment Processed by:	Delivered By:	<input type="checkbox"/> O.O.S.

Additional Information

(if applicable)

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