

B- \_\_\_\_\_

**WEST PECULIAR FIRE PROTECTION DISTRICT FIRE  
NON-RESIDENTIAL A.P.F. APPLICATION / RECEIPT**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Other: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Address of Project: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Construction Information:**

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Interior: \_\_\_\_\_

Exterior: \_\_\_\_\_ Fire Suppression Equipment: \_\_\_\_\_

Roof: \_\_\_\_\_

Sprinkler System: YES \_\_\_ NO \_\_\_

Type: \_\_\_\_\_ Wet: \_\_\_\_\_ Heated: \_\_\_\_\_ Dry: \_\_\_\_\_

FDC: \_\_\_\_\_

Hydrant Location: \_\_\_\_\_

Residual Pressure: \_\_\_\_\_ Static: \_\_\_\_\_

Alarm System: \_\_\_\_\_ Local: \_\_\_\_\_ Monitored: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hazards during Construction: YES \_\_\_ NO \_\_\_

If yes, M.S.D.S. Sheets shall be supplied.

Applicant's Signature: \_\_\_\_\_

**CODES USED IN REVIEW: 2003 IFC, Life Safety Code**

**\*\*APF FEE DOES NOT INDICATE APPROVAL OF PLAN PERMITS\*\***

**FIRE DEPARTMENT USE ONLY**

DATE RECEIVED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

REVIEWERS SIGNATURE: \_\_\_\_\_