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**WEST PECULIAR FIRE PROTECTION DISTRICT FIRE  
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: \_\_\_\_\_

Single Family Dwelling: \_\_\_\_\_ Multi-Family Dwelling: \_\_\_\_\_ / \_\_\_\_\_ number of units

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

Exterior: \_\_\_\_\_ Sprinkler System: \_\_\_\_\_

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: \_\_\_\_\_