OAKBROOK TERRACE FIRE PROTECTION DISTRICT

17W400 BUTTERFIELD ROAD OAKBROOK TERRACE, ILLINOIS 60181

PHONE: (630)834-2759 FAX: (630)834-1085

FIRE PREVENTION BUREAU

APPLICATION FOR LIFE SAFETY PLAN REVIEW

The undersigned hereby request the Oakbrook Terrace Fire Protection District, to review documents for conformance with the Codes adopted by the Fire District (Ordinance #17-02)

2015 International Fire Code with Amendments NAME OF TENANT: Property Address • Suite :_____ City/Town State :_____ Telephone ZIP **ARCHITECT** Address Suite :_____ Telephone State :_____ Contact Person ZIP Lic Number GEN. CONTRACTOR: Address Suite: City/Town State :_____ Telephone ZIP Contact Person FEE SCHEDULE FOR LIFE SAFETY REVIEW New Construction only or additions to existing bldgs. : \$ 450.00 \square Yes \square No Interior alterations for existing structures : \$ 200.00 \square Yes \square No Fire alarm review and inspection : \$ 150.00 \square Yes \square No Fire sprinkler review and inspection : \$ 150.00 \square Yes \square No Other____ : \$_____ \square Yes \square No Total fee submitted: \$_____ I hereby acknowledge that I have read this application and to the best of my knowledge state that the information is correct and state that work completed will comply with the Oakbrook Terrace Fire Protection District Ordinance and all other applicable Laws, Codes and Ordinances. Signature of Owner or Agent Date FOR FIRE DISTRICT USE ONLY Plans reviewed and returned to Building Department Initials_____

#

Initials_____

Plan Review Fee received and processed \$