



**Plan Review Transmittal
St. Charles Fire Department
Fire Prevention Bureau**

Office Use Only

Permit #: _____

Occupancy # _____

Phone: 630-377-4458

112 N. Riverside Ave. St. Charles, Il. 60174

Fax: 630-762-7035

Please Print

Name of Applicant (Contractor): _____

Contractor Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____ Cell: _____

Illinois License No: _____ Expiration Date: _____

Project Name: _____

Project Address: _____

Indicate Type of Plans:

- Fire Alarm System Sprinkler System Kitchen Suppression Storage Tank
 Smoke Evacuation Life Safety Other _____
 Revised Plan (If revised, also check type of plan)

Description of Proposed Work: _____

*New installations require 4 sets of drawings, 1 set of specs, 1 set of calcs
Modification of systems require 2 sets of drawings, 1 set of specs, 1 set of calcs

I, the undersigned, certify that I will comply with all provisions of fire, building, plumbing, electric, and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. All contractors, trades people, and workers shall call to schedule required inspections at least 24 (twenty-four) hours in advance.

Printed Name: _____ Signature: _____

THANK YOU!