



Grayling City & Township Fire Department Department of Fire Prevention

Russell H. Strohpaul Jr, Fire Chief ~ Travis Roberts, Fire Marshal
Phone: (989) 348-6319

APPLICATION FOR PLAN REVIEW

DATE: _____ PERMIT NUMBER : _____ (for office use only)

APPLICANT NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

APPLICANT PHONE NUMBERS: cell: _____

Business: _____ fax: _____

APPLICANT SIGNATURE: _____

**A COPY OF ALL BLUEPRINTS MUST BE SUBMITTED ON CD-ROM IN AUTO-CAD
FORMAT, PDF FILES WILL NOT BE ACCEPTED**

SITE INFORMATION

BUSINESS NAME: _____

SITE ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER (if known): _____

BUILDING USE: _____

BUILDING OCCUPANCY CLASSIFICATION: _____

PERMIT FEE TOTAL: _____ Sq Ft of BUILDING _____

NUMBER OF SPRINKLER HEADS: _____ FIRE ALARM: Y / N

FIRE PUMP: Y / N HOOD SUPPRESSION SYSTEM: Y / N

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