



GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE GOVERNOR

**VIRGIN ISLANDS FIRE and EMERGENCY MEDICAL SERVICES**

"Providing Safety, Service, and Satisfaction"



St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610  
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032

## PLAN REVIEW

### 1. PROJECT INFORMATION

PART 1 REQUIRED FOR ALL SUBMITTALS: ATTACH APPLICABLE CHECKLIST & FEE SCHEDULE. PLEASE PRINT (BLACK OR BLUE INK ONLY).  
PROVIDE INFORMATION ON THE NAME OF THIS SPECIFIC PROJECT, TENANT, LEASE SPACE, SCOPE OF WORK, ETC.

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Plan #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 2. STRUCTURE INFORMATION (OVERALL BUILDING)

PROVIDE INFORMATION ON THE OVERALL STRUCTURE OR BUILDING THAT THIS PROJECT IS WITHIN, IF DIFFERENT THAN ABOVE.

Building Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 3. PURPOSE OF APPLICATION

☐ Architectural Review ARCHITECTURAL LIFE SAFETY, ADA-AG CONSTRUCTION, BUILDING ELECTRICAL SYSTEM, SMOKE CONTROL.

☐ Fire Alarm System Review CHECK ONLY ONE FIRE ALARM SYSTEM TYPE

☐ Local ☐ Auxiliary ☐ \*Central Station ☐ Proprietary Station ☐ Remote Station

\*IF SYSTEM TYPE IS CENTRAL STATION, YOU MUST ATTACH COPY OF CENTRAL STATION UL LISTING TO THIS APPLICATION.

☐ Kitchen Hood Wet Chemical Suppression System Review

☐ Fire Suppression System Review SPRINKLER, DRY CHEMICAL, CLEAN AGENT, HALON, PAINT SPRAY BOOTH, HOOD, WATER  
SUPPRESSION, FOAM, WATER

☐ Storage Tank FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS, NUMBER OF TANKS ABOVE GROUND / BELOW GROUND

☐ LPG Installing Plan

#### Review Type:

☐ Initial ☐ Preliminary ☐ Re-Submittal ☐ Renovation/Addition

☐ Change Of Occupancy ☐ Mobile/Modular

### 4. PROJECT DETAILS

PART 4 REQUIRED FOR ALL SUBMITTALS

New Sq. Ft.: \_\_\_\_\_ Existing Sq. Ft.: \_\_\_\_\_ Renovated Sq. Ft.: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_

Main Occupancy Type: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

Secondary Occupancy Type: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Thirdly Occupancy Type: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

### 5. OWNER INFORMATION

Owner: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name Of Firm: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

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

## 6. TENANT INFORMATION

PROVIDE INFORMATION ON THE TENANT FOR THIS SPECIFIC PROJECT, IF DIFFERENT THAN OWNER: LAST NAME, FIRST NAME, INITIAL

Tenant: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name Of Firm: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

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

## 7. PREPARER OR SHOP DRAWINGS INFORMATION

PROVIDE INFORMATION ON THE PREPARER OF THE STRUCTURE, FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SHOP DRAWINGS.

☐ Sub-Contractor ☐ Engineer ☐ Draftsman

Preparer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name Of Firm: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

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

## 8. PROFESSIONAL OF RECORD INFORMATION AS RECOGNIZED BY THE DPNR DIVISION OF BUILDING PERMITS

☐ Architect ☐ Civil Engineer ☐ EE / ME Engineer

### Professional:

Name Of Firm: \_\_\_\_\_

License No: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

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

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### FOR OFFICIAL USE ONLY

Fire Service Receipt No. \_\_\_\_\_

Blue Print Reading with accordance to Title 23 Chapter 9 Section 603 V.I.

**Fee: Class A - \$300.00 / Class B - \$200.00 / Class C - \$100.00 / LPG Plan Review - \$25.00.**

**Class A** – 15,001 sq. ft. aggregate gross area and up

**Class B** – More than 3,000 sq. ft. but less than 15,000 sq. ft. aggregate gross area

**Class C** – All occupancy up to 3,000 sq. ft. aggregate gross area

*Applicant must have proof that the plans were submitted to DPNR Permits Division*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Approving Authority

Date Received: \_\_\_\_\_