

PLAN REVIEW
Lawrence-Douglas County Fire & Medical Department

****LDCFM USE ONLY****

Date Received ____/____/____

PLAN REVIEW

Time Received: _____:_____

NUMBER _____

****PROJECT INFORMATION****

ADDRESS _____

OCCUPANCY _____

NAME _____

These plans will be ready seven (7) days after receipt by the Lawrence-Douglas County Fire & Medical Department Prevention Division.

These plans must be picked up AND plans review report signed PRIOR to construction

NAME OF PERSON DELIVERING PLANS

SIGNATURE _____

PRINT NAME _____

TELEPHONE NUMBER () _____

****PLAN REVIEW RECEIPT****

By signing this form, you are assuming the responsibility for providing the information required by the Lawrence-Douglas County Fire & Medical Department to the following individuals:

- * Project Architect
- * Construction Contractors
- * Property Owners
- * All Other Necessary Parties Affiliated with Project

NAME OF INDIVIDUAL PICKING UP REPORT

SIGNATURE _____

PRINT NAME _____

DATE PICKED UP _____

This form will be retained by the Lawrence-Douglas County Fire & Medical Department

(rev. 3/00)