

Plan Review Fee Received:

## York Center Fire District Fire Prevention & Code Enforcement Bureau



1517 S. Meyers Road, Lombard, Illinois 60148 Phone: 630.627.1940 ext. 234 Fax: 630.627.0479

## **APPLICATION FOR BUILDING/LIFE SAFETY REVIEW**

The undersigned does hereby request the York Center Fire Protection District to review said documents for conformance with the applicable codes adopted by the Fire District.

(effective date June 7, 1999)

**NAME OF TENANT: Property Address:** City, State, Zip Code: Phone Number: Contact Person: ARCHITECT: Property Address: City, State, Zip Code: Phone Number: Contact Person: **Property Address:** City, State, Zip Code: Phone Number: Contact Person: FEE SCHEDULE FOR LIFE SAFETY REVIEW \$600.00 **New Construction** Yes No **Interior Alternations** \$300.00 No Yes Fire Alarm Review & 1 Inspection \$200.00 Yes No Sprinkler Review & 1 Inspection \$200.00 Yes No \$75.00 Re-Inspection Fee Yes No **Outside Consulting Service** Yes No Other Yes 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 agree that work completed will comply with the adopted York Center Fire Protection District Fire Prevention Codes and that State of Illinois laws relating to building construction. **Signature of Owner, Contractor or Agent** FOR OFFICIAL FIRE DISTRICT USE ONLY Plan review and returned to: Plans returned by: \_\_\_\_ Yes Plan Review Fee Processed: Date Processed: \_\_\_\_ No

\_\_\_\_Yes

\_\_\_\_ No

Date Received: