



Department of Military Affairs and Public Safety

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OFFICE OF THE STATE FIRE MARSHAL

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AGST

Resubmittal: Yes No

Plan of Corrections: Yes No

NOTE: ALL BLANKS MUST BE COMPLETED OR PLAN REVIEW MAY BE DELAYED UNTIL ALL INFORMATION IS RECEIVED.

Project Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Plans Submitter: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Estimated Construction Cost: _____

Occupancy Type (Mercantile or Fleet fueling): _____

Manufacturer data and UL number for Tanks: _____

Name: _____ Signature: _____

Bill Invoice To: _____

ONE SET OF PLANS AND SPECIFICATIONS REQUIRED – ADDITIONAL SETS WILL BE RETURNED UPON REQUEST IF SHIPPING AND BILLING INFORMATION IS PROVIDED.