



Office of the State Fire Marshal  
1700 MacCorkle Avenue SE – 4<sup>th</sup> Floor North  
Plans and Review Division  
Charleston, WV 25314  
304-558-2191

## Application for Review of Architectural Plans

### REQUIREMENTS FOR ARCHITECTURAL REVIEW

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- If there is currently no address appointed to this project, GPS coordinates shall be provided.
- Architectural Plans shall be submitted via **hard copy AND USB flash drive only**.
- A complete set of plans shall be drawn to scale and include:
  - Site Plans
  - Architectural Plans
  - Electrical Plans
  - Mechanical Plans
  - Plumbing Plans
  - Elevation Layout
  - Specification Book, if applicable

All plans being submitted to our agency for review **MUST** be accompanied by the appropriate request application. All applications can be found on our website by type of review. If this form is **NOT** received within thirty (30) days of receipt of plans, the plans submission may be discarded. If the request application is not completed, it will be returned for resubmission.

Review Fee includes **ALL** Construction Inspections, the Final Inspection, and the Occupancy Permit and will be billed after review and processing.

If you have any further questions, please contact our office at 304-558-2191.

Please submit your completed Plans Review Application and Plans to:

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New Application       Resubmittal       Prior Walk-In Review

**PROJECT INFORMATION**

<b>Project Name</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>County</b>					

**SCOPE OF WORK**

New Construction       Existing       Modifications

Occupancy Type as Defined by NFPA 101, Life Safety Code:	Total Square Footage:	Is the structure currently sprinklered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Construction Type:	Stories Above Grade:	Stories Below Grade:
Estimated Construction Cost: \$		
Description of Project:		
Estimated Starting Date:		

**GENERATOR INFORMATION (If Applicable)**

Generator Manufacturer:	Generator Model Number:
Transfer Switch Manufacturer:	Transfer Switch Model:
Generator Size:	Generator Fuel Type:
Category of Generator:	Fuel Capacity:



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**PROJECT/PROPERTY OWNER CONTACT INFORMATION**

<b>Project/Property Owner Name</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Email Address</b>					
<b>Phone Number</b>					

**PLANS SUBMITTER CONTACT INFORMATION**

<b>Submitter Name</b>					
<b>Submitter Company</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Email Address</b>					
<b>Phone Number</b>					

**BILL INVOICE TO**

<b>Name</b>					
<b>Company</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Email Address</b>					
<b>Phone Number</b>					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_