

**West Chester Fire Department  
Commercial Information Form for Plan Review**

**ALL plans must be submitted to West Chester Fire Department  
9119 Cincinnati Dayton Road  
513-777-1133**

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**CONTRACTOR INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Comments \_\_\_\_\_

**BUSINESS INFORMATION**

Business address \_\_\_\_\_ Suite # \_\_\_\_\_

Business name \_\_\_\_\_ Submitted / /20

Butler County Parcel ID# \_\_\_\_\_

**TYPE OF PLANS SUBMITTED (circle one)**

|                   |        |                         |        |                          |        |
|-------------------|--------|-------------------------|--------|--------------------------|--------|
| <b>Fire Alarm</b> | 4 sets | <b>Hood Suppression</b> | 7sets  | <b>Tenant Finish/Alt</b> | 8 sets |
| <b>Sprinkler</b>  | 6 sets | <b>Underground</b>      | 6 sets | <b>Special Space</b>     | 8 sets |
| <b>Racking</b>    | 6 sets | <b>New Construction</b> | 8 sets | <b>Other (describe)</b>  | _____  |

*Number of plans submitted (includes reduced sets)*

Submittal MUST include Hydraulic Calculations and/or Battery Calculations and all Equipment Cut-Sheets

**REVISION (circle one)**

Yes          No          Describe if revised \_\_\_\_\_

**Community Development ONLY**

Date Received \_\_\_\_\_ Date Released \_\_\_\_\_