



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE GOVERNOR

VIRGIN ISLANDS FIRE and EMERGENCY MEDICAL SERVICES

"Providing Safety, Service, and Satisfaction"



St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032

PLAN REVIEW

1. PROJECT INFORMATION

PART 1 REQUIRED FOR ALL SUBMITTALS: ATTACH APPLICABLE CHECKLIST & FEE SCHEDULE. PLEASE PRINT (BLACK OR BLUE INK ONLY).
PROVIDE INFORMATION ON THE NAME OF THIS SPECIFIC PROJECT, TENANT, LEASE SPACE, SCOPE OF WORK, ETC.

Project Name: _____ Date: _____
Street Address: _____ Plan #: _____
City: _____ State: _____ Zip: _____

2. STRUCTURE INFORMATION (OVERALL BUILDING)

PROVIDE INFORMATION ON THE OVERALL STRUCTURE OR BUILDING THAT THIS PROJECT IS WITHIN, IF DIFFERENT THAN ABOVE.

Building Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

3. PURPOSE OF APPLICATION

☐ Architectural Review ARCHITECTURAL LIFE SAFETY, ADA-AG CONSTRUCTION, BUILDING ELECTRICAL SYSTEM, SMOKE CONTROL.

☐ Fire Alarm System Review CHECK ONLY ONE FIRE ALARM SYSTEM TYPE

☐ Local ☐ Auxiliary ☐ *Central Station ☐ Proprietary Station ☐ Remote Station

*IF SYSTEM TYPE IS CENTRAL STATION, YOU MUST ATTACH COPY OF CENTRAL STATION UL LISTING TO THIS APPLICATION.

☐ Kitchen Hood Wet Chemical Suppression System Review

☐ Fire Suppression System Review SPRINKLER, DRY CHEMICAL, CLEAN AGENT, HALON, PAINT SPRAY BOOTH, HOOD, WATER
SUPPRESSION, FOAM, WATER

☐ Storage Tank FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS, NUMBER OF TANKS ABOVE GROUND / BELOW GROUND

☐ LPG Installing Plan

Review Type:

☐ Initial ☐ Preliminary ☐ Re-Submittal ☐ Renovation/Addition

☐ Change Of Occupancy ☐ Mobile/Modular

4. PROJECT DETAILS

PART 4 REQUIRED FOR ALL SUBMITTALS

New Sq. Ft.: _____ Existing Sq. Ft.: _____ Renovated Sq. Ft.: _____

Total Sq. Ft.: _____

Main Occupancy Type: _____ Sq. Ft.: _____ Zoning Designation: _____

Secondary Occupancy Type: _____ Sq. Ft.: _____

Thirdly Occupancy Type: _____ Sq. Ft.: _____

5. OWNER INFORMATION

Owner: _____ Telephone No: _____

Name Of Firm: _____ Fax No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

6. TENANT INFORMATION

PROVIDE INFORMATION ON THE TENANT FOR THIS SPECIFIC PROJECT, IF DIFFERENT THAN OWNER: LAST NAME, FIRST NAME, INITIAL

Tenant: _____ Telephone No: _____

Name Of Firm: _____ Fax No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

7. PREPARER OR SHOP DRAWINGS INFORMATION

PROVIDE INFORMATION ON THE PREPARER OF THE STRUCTURE, FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SHOP DRAWINGS.

☐ Sub-Contractor ☐ Engineer ☐ Draftsman

Preparer: _____ Telephone No: _____

Name Of Firm: _____ Fax No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

8. PROFESSIONAL OF RECORD INFORMATION AS RECOGNIZED BY THE DPNR DIVISION OF BUILDING PERMITS

☐ Architect ☐ Civil Engineer ☐ EE / ME Engineer

Professional:

Name Of Firm: _____

License No: _____ Telephone No: _____ Fax No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FOR OFFICIAL USE ONLY

Fire Service Receipt No. _____

Blue Print Reading with accordance to Title 23 Chapter 9 Section 603 V.I.

Fee: Class A - \$300.00 / Class B - \$200.00 / Class C - \$100.00 / LPG Plan Review - \$25.00.

Class A – 15,001 sq. ft. aggregate gross area and up

Class B – More than 3,000 sq. ft. but less than 15,000 sq. ft. aggregate gross area

Class C – All occupancy up to 3,000 sq. ft. aggregate gross area

Applicant must have proof that the plans were submitted to DPNR Permits Division

Comments: _____

Approving Authority

Date Received: _____