



**CHARLOTTE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
Fire Marshal's Office**

SHOP DRAWING REVIEW APPLICATION
(All information must be completed to process your request)

Name of Project: _____

Project Address: _____

Plan Review Number (if applicable): _____

Applicant Information

Company Name: _____

Company Address: _____

Name of Contact: _____

Telephone Number and email: _____

Review Type

_____ Fire Alarm Shop Drawings (Fee Amount: \$135.00)

_____ Fire Sprinkler Shop Drawings (Fee Amount: \$135.00)

Total Fee: \$ _____

This form MUST be completed, scanned, and submitted with each review. Upon receipt of package, we will contact you with payment arrangements. Submit to:

CFDPlanSubmittal@charlottenc.gov

CFD Office Use Only

Reviewer Name: _____

Date Applicant Contacted: _____