

Taylor Borough's Fire Chief Plan Review Form

117 Union Street Taylor PA. 18517 (570) 562-0219 FAX 562-1176

Applicant's Name:	Date:	
Contractor(s) / Agent(s) Name:		
Contractor(s) / Agent(s) Address:		
City:	State:	Zip Code:
Phone Number: () -		FAX Number: () -
Name of Building or Business Occupying the Building:		
Project Address:		
OCCUPANCY CLASSIFICATION		
Check appropriate classification		
<input type="checkbox"/> Assembly	<input type="checkbox"/> Institutional	<input type="checkbox"/> Business
<input type="checkbox"/> Mercantile	<input type="checkbox"/> Educational	<input type="checkbox"/> Storage
<input type="checkbox"/> Factory/Industrial	<input type="checkbox"/> Residential	
Hazardous Chemicals on Site:		
<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
List examples or attach MSDS sheets:		
Emergency Contact Information		
Name:	Phone:	Time of day:
Name:	Phone:	Time of day:
Fire hydrants within 500 ft. of all parts of the building?	YES	NO
Is building equipped with automatic fire system?	YES	NO
Will a KNOX box system be installed ?	YES	NO
Is building equipped with fire alarm?	YES	NO
Is there access to drive around the entire building?	YES	NO
Please include construction type on a separate sheet of paper.		