



**Plan Review Transmittal Form  
St. Charles Fire Department  
Fire Prevention Bureau**

**Office Use Only**

Permit #: \_\_\_\_\_

Occupancy #: \_\_\_\_\_

Phone: 630-377-4457

112 N. Riverside Ave. St. Charles, Il. 60174

Fax: 630-762-7035

Please Print

Name of Applicant (Contractor): \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Illinois License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**Indicate Type of Plans:**

- Fire Alarm System     Sprinkler System     Kitchen Suppression     Storage Tank  
 Smoke Evacuation     Life Safety     Other \_\_\_\_\_  
 Revised Plan (If revised, also check type of plan)

Description of Proposed Work: \_\_\_\_\_

\*New installations require 4 sets of drawings, 1 set of specifications, and 1 set of calculations.

\*\*Modification of existing systems requires 2 sets of drawings, 1 set of specifications, and 1 set of calculations.

I, the undersigned, certify that I will comply with all provisions of fire, building, plumbing, electric, and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. All contractors, trades people, and workers shall call to schedule required inspections at least 24 (twenty-four) hours in advance.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

- ❖ Digital Submissions are not accepted.
- ❖ Mail or deliver all plans for review to the above address.
- ❖ Plans received after 3:00PM will be marked as received the following business day.
- ❖ There is an \$80.00 plan review fee. Please include a check made payable to the City of St. Charles. If plans are for a new building, build-out, or re-model a building permit has been issued and fees have been paid as part of the building permit application.

**THANK YOU!**