



**Marquette Township Fire Department**  
 2801 Venture Drive, Marquette, Michigan 49855  
 Phone: 906-228-4296 • Fax: 906-228-4297  
 www.marquettetownship.org



## New Construction / Remodel Fire Code Review

### Applicant Information

Name:		Address:	
Project or Business Name:			
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			
If Applicant is not the Owner, state the Applicant's relationship to the Owner (i.e. purchaser, land contract vendee, owner's designated agent, etc.):			

### Property Owner (If different than applicant)

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

### Description of the Subject Site/Proposed Project

Name of all Proposed/Existing Business(s):	
Address:	Property / Parcel ID Number: (found on tax bill) <b>52-08- - -</b>
General Location of Property:	Property Size (acreage or square footage):
Legal Description(s) (attach pages as necessary):	Check One: New Building: _____ Addition: _____ Remodeling: _____
Description of Proposed Project (attach pages as necessary):	
Description of (attach pages as necessary):	

### Architect / Engineer

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

**Building Contractor**

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

**Sprinkler Contractor**

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

**\*\*Note - If this structure does not already have a KNOX Box, one will be required at this time. Please see the attached sheet for information on ordering and installing a KNOX Box.**

**Application Submittal Requirements:**

- 1) Completed the following Permit Applications
  - a. Application for Architectural Plan Review
  - b. County of Marquette Building Permit Application
  - c. Any other permit applications as required by the Planning/Zoning Department, Fire Department or Township Public Works Department
- 2) A scale drawing of all exterior elevations showing design and appearance of the proposed building or structure.
- 3) Provide two (2) sets of 24 X 36 building plans. This must include all information pertaining to Fire Suppression, Emergency Lighting, Emergency Exits, Water Service and Sewer Service (see attached list for all items required by Township departments)
- 4) Provide a copy of the electronic .dwg files that correspond to the hard copy prints issued to the Zoning and Fire Departments

**Applicant:**

**I certify that the information I have provided is true to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Optional: I hereby grant permission for a member of the Marquette Township Planning Commission, Township Board, Zoning Administrator, Fire Marshal, and Planner to enter the above described property for the purposes of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Official Receiving Application (*please print*): \_\_\_\_\_ Date: \_\_\_\_\_

Fee(s) Paid:  Yes  No If Yes, Amount Paid: \_\_\_\_\_

Application:  Approved  Not Approved

Reason:  Incomplete Application  Other Date: \_\_\_\_\_

Signature of Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fire Official: \_\_\_\_\_ Date: \_\_\_\_\_