



HIGHLANDS COUNTY FIRE PREVENTION BUREAU

PLAN TRACKING FORM

Applicant's Information Section:

Date: _____ Project Name: _____

Type of Project: _____ Project Address _____

Applicant Name: _____ Phone #: _____

Building Department Use ONLY:

Permit #: _____ Date Sent to Prevention: _____

Fire Review Fee: \$ _____ Courier Name: _____

Comments: _____

Fire Prevention Use ONLY:

Date Received: _____ Reviewed By: _____

Date Review Completed: _____ Courier Name: _____

Required Inspections: _____

Disposition:
