



Application for Fire and Life Safety Plan Review

MATANUSKA-SUSITNA BOROUGH • Department of Emergency Services

Central Mat-Su Fire Department

Physical: 1911 S Terrace Ct, Palmer

Mailing: 101 W Swanson Ave • Wasilla, Alaska 99654

Phone: (907)861-8030 • Fax: (907)861-8157 www.matsugov.us/firecode



☞ Before beginning the construction, alteration, repair, or changing the occupancy of a building, a substantial land structure, or any structure regulated by the state fire marshal, plans and specifications...must be submitted...for examination and approval. 13 AAC 50.027(a)

☞ It is in violation of state law to begin any construction before a permit has been issued by this office. AS 18.70.010-AS 18.70.100-RS 06-054

☞ If any work for which a plan review and approval is required...has been started without first obtaining plan review and approval, a special processing plan review fee will be charged. The special processing plan review fee is an additional charge equal to the amount of the standard plan review fee for the project. Subsequent violations by the same person or business will result in an additional special processing fee multiplied by the number of previous violations. 13AAC 50.027(c)(5)

The MSB Assembly accepts a fire code deferment from the Alaska State Fire Marshal's office for the Wasilla-Lakes (Central Mat-Su) FSA and the adoption of all current and future Alaska State Fire and Life Safety regulations and related plan review fee schedules. MSB Resolution RS06-054

Building Name:			
Tenant Occupant:			
Location of Project-Street Address:		Suite/Unit:	City:
Tax ID#:	Legal Description - Lot:	Block:	Subdivision:
Project Description:			
Describe use of Building/Tenant Space:			Type of Construction:
Total Square Footage:	<input type="checkbox"/> New Building <input type="checkbox"/> Foundation/Framing Only <input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> Kitchen Hood & Duct <input type="checkbox"/> Sprinkler System (Devices:___) <input type="checkbox"/> Alarm System (Devices:___)	<input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> IB <input type="checkbox"/> VA <input type="checkbox"/> IIA <input type="checkbox"/> VB
Cost of Project*:	<input type="checkbox"/> Renovation/Remodels <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Relocation of Existing Building	<input type="checkbox"/> Fuel System <input type="checkbox"/> Other: _____	<input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB
Use or IBC Occupancy: <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> U			
*Cost of Project shall include all permanent equipment and is based on FAIR MARKET VALUE for labor and materials for which the permit is being issued. If, in the opinion of the building official, the value is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the building official. Final building permit valuation shall be set by the building official. New construction will be based on an established per square foot cost. AS 18.			
Applicant's Name:		Building Owners Name:	
Company Name:		Company Name:	
Mailing Address:		Mailing Address:	
City:	State:	Zip:	City: State: Zip:
Office #:	Fax #:	Office #:	Fax #:
Cellular #:		Cellular #:	
E-mail:		E-mail:	
PLAN REVIEW CHECKLIST: (AS 08.48 Stamped Architectural/Engineered Plans & IBC 107.1 by Registered Design Professional). Supply one electronic copy (pdf) and one hard-paper copy <input type="checkbox"/> DIMENSIONAL PLOT PLAN: Show distance to property lines and existing buildings. <input type="checkbox"/> STRUCTURAL PLANS: Drawings, showing supports, connections, design criteria, ground snow load, 3-second wind gust and seismic design category. <input type="checkbox"/> ARCHITECTURAL DRAWINGS: Floor plans, building sections, interior and exterior wall details, door and hardware type. <input type="checkbox"/> MECHANICAL DRAWINGS: Hood and duct, heating/ventilation, fuel tank size and location. <input type="checkbox"/> ELECTRICAL DRAWINGS: Emergency lighting, fire alarm system, etc. <input type="checkbox"/> FIRE PROTECTION SYSTEM: Sprinklers, alarms, hood suppression, location and classification of fire extinguishers, etc. <input type="checkbox"/> KNOX BOX: Must be mounted on building prior to final inspection. IFC 506		I certify that I have read and examined this application and know the same to be true and correct. I recognize that approval of plans submitted does not presume to give approval to oversights by the Central Mat-Su Fire Department nor grant authority to violate or cancel the provisions of any other state or local law regulating this occupancy. (When the original approved plans are altered or modified in any way, they must be resubmitted and an additional plan check fee will be charged; the additional plan check rate will be \$95.00 per hour, minimum 2 hours = \$190.00 minimum fee.) X _____ <input type="checkbox"/> Architect/Engineer/Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Owner/Tenant Dated:	