



MISSISSIPPI

**Insurance Department Office of
the State Fire Marshal
Post Office Box 79
Jackson, Mississippi 39205
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(601) 359-1061**

REQUEST FOR PLAN REVIEW

DATE OF REQUEST: _____

REQUESTING AGENCY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

CHECK ANY OF THE FOLLOWING ITEMS THAT MAY APPLY TO THIS REQUEST:

State Agency or State-Owned Building (No Fee Required)

Church or Religious Organization(No Fee Required)

Non-state building (\$400.00 Fee/Set of Plans)

High-rise non-state building (400.00 Fee/Set of Plans)

Other: _____

AMOUNT OF FEE ENCLOSED: _____

**Make check payable to:
Mississippi Insurance Department State Fire Marshal's Office.**

Submitted by: _____