



**MISSISSIPPI OFFICE OF THE STATE FIRE MARSHAL
239 North Lamar St. – Suite 101
Jackson, MS 39201**

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 other Religious Organization (No Fee Required)

Non-State Building or Other (\$400 Fee per Set of Plans)

AMOUNT OF FEE ENCLOSED: _____

Make Checks Payable to: Mississippi Office of the State Fire Marshal – send to address above

Submit the Plans for Review to: planreview@mid.ms.gov

Submitted By: _____