



**MANCHESTER FIRE DEPARTMENT**  
**Eighth Utilities District**

**FIRE MARSHAL'S OFFICE**  
**18 Main Street**  
**Manchester, CT 06042**

District Application # _____	Plan Review: Denied _____ Approved _____  Certificate of Occupancy / Completion: Approved _____	Building Department # _____
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PROJECT NAME \_\_\_\_\_

JOB LOCATION \_\_\_\_\_  
(ADDRESS) (SUITE / SPACE)

DESCRIPTION OF WORK \_\_\_\_\_ COST \_\_\_\_\_

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APPLICANT NAME (Contact Name) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY / TOWN) (STATE) (ZIP CODE)

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY / TOWN) (STATE) (ZIP CODE)

***FEES FOR PLAN REVIEWS ARE BASED ON THE VALUE OF WORK.***

*Value - \$0.00 up to and including \$4,000.00 = Fee - \$20.00*

*In excess of \$4,000.00 = \$20.00 plus \$7.00 per \$1,000.00 or portion thereof in excess of \$4,000.00.*

*Please make checks payable to: **EIGHTH UTILITIES DISTRICT***

*NOTE: Additional fee may apply based upon the final cost affidavit submitted to the Town of Manchester Building Department.*

*For Office Use Only*

FEE \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

RECEIVED: DATE \_\_\_\_\_ BY \_\_\_\_\_