



# LEBANON FIRE DISTRICT APPLICATION FOR PLAN REVIEW

Please fill out all sections of this form and return it to the **City of Lebanon** with payment of your choice (check, Debit or Credit information, etc.) attached.

## SECTION 1. APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Site Address of  
Project:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address: \_\_\_\_\_

Planning Reference Number: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2. REVIEW INFORMATION

Please select which option you are applying for:

Plans Review, \$100

Technical Review, \$100

Fees are determined per Lebanon Fire District Ordinance 01-2019

## SECTION 3. PAYMENT INFORMATION

Payment must be made at time of application. All forms of payment must be returned to the **City of Lebanon** to ensure proper processing.

Cash

Check made payable to **Lebanon Fire District** for \$100

Credit or Debit card authorization for **Lebanon Fire District** for \$100\*

Credit card information will not be retained.

Credit/Debit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Address: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing ZIP: \_\_\_\_\_

Signature for Authorization: \_\_\_\_\_

\*By signing, you authorize the Lebanon Fire District to charge your credit or debit card in the amount of \$100.