



LINCOLNWOOD FIRE DEPARTMENT

Commercial and Residential Fire Sprinkler Determination Form



Provide a hatched drawing showing the "Rehabilitation Work Areas" on each level
(See attached examples)

PROJECT INFORMATION (TO BE COMPLETED BY ARCHITECT)

Project Address: _____

Owner Name: _____ Phone: _____

Architect Name: _____ Phone: _____

Address: _____

E-mail: _____

CALCULATIONS FOR REHABILITATIONS

Floor Level	Square Footage of Each Floor Level	Square Footage of Rehabilitation Work Area on Each Level
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor or Attic, if Habitable		
Total Square Footage of Building:		
Total Square Footage of all Proposed <i>Rehabilitation Work Areas</i> :		
Percentage of Building Rehabilitation Work Areas:		

CALCULATIONS FOR ADDITIONS

Areas	Square Footage	Percentage
Total Building Size:		100%
Total Size of Addition(s):		

Applicant Signature: _____ **Date:** _____

