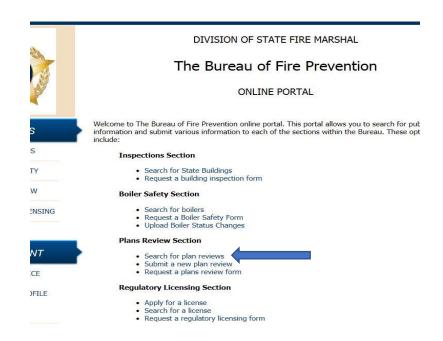
<u>Issue/Concern:</u> Currently, the end customer has a limitation of 25 MB cumulative at the time of application. In many cases the end customer will need to upload additional documents to facilitate a thorough review. This upload process will allow the addition of electronic documents.

Process:

Step 1: The end customer must login to the Online Portal utilizing their username and password.

| | The Bureau of Fire Prevention |
|--|---|
| | ONLINE PORTAL LOGIN |
| | |
| | |
| | low to access the requested information. If you are not registered on our site e to register. |
| please click here | |
| olease click here | |
| please click here User Name: | |
| Please login bel please click here User Name: Password: | e to register. |
| please click here User Name: | forgot your password? |

The customer should then select "Search for plan reviews".



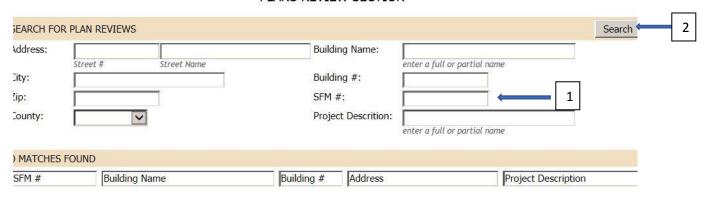
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Step 2:

Important Note: To obtain maximum functionality Citizen-Serve must be accessed utilizing the Chrome browser. Utilization of Explorer or other browsers will allow access but limit site options.

Step 3: The customer should input the project SFM # into the search field and conduct the search. The SFM# should be entered in the format as the example shows - SFM19-000256 – and must begin with SFM followed by the numerical project number.

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Sample Search Results SEARCH FOR PLAN REVIEWS Search Address: **Building Name:** Street Name enter a full or partial name City: Building #: Zip: SFM #: SFM19-000256 County: Project Descrition: enter a full or partial name MATCHES FOUND ◀ 1 - 1 of 1 ▶ Export Full List SFM # **Building Name** Building # Address Project Description DERMATOLOGY SPECIALISTS - DOE 4357 LAFAYETTE ST 4357 Lafayette - FL DOE Buildout -SFM19-000256 Buildout of existing shell space **BUILD-OUT** MARIANNA FL into fully finished office

Step 4: Once the project search has rendered the proper results. The project number link should be selected.

| SEARCH FOR P | LAN REVIEWS | | | Search |
|--|----------------------|------------|----------------------------------|--|
| Address: | Street # Street Name | Build | ing Name: | ll or partial name |
| City: | | Build | ing #: | |
| Zip: | | SFM | #: SFM19-0 | 000256 |
| County: | V | Proje | ect Descrition: enter a ful | ll or partial name |
| MATCHES FOU | ND | ◀ 1 - 1 of | F1 🕨 | Export Full List |
| SFM # | Building Name | Building # | Address | Project Description |
| SFM19-000256 DERMATOLOGY SPECIALISTS - DOE BUILD-OUT | | | 4357 LAFAYETTE ST MARIANNA FL | 4357 Lafayette - FL DOE Buildout - Buildout of existing shell space into fully finished office |

Step 5: The customer must be identified as one of the three associated CONTACTS to complete the document upload process. As an identified CONTACT for the project, the customer should select "Upload a Document".

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Step 6: In the new pop-up window, the customer should select "Browse" button, select the necessary document(s)(understanding a cumulative limit of 25MB), and select the "Submit" button.

| SPECIALISTS - DOE | E BUILD-OUT | SFM #: | SFM19-000256 | AVAILABLE ACTIONS Send Message |
|-------------------|---|--|---|---|
| SPECIALISTS - DOE | BUILD-OUT | The state of the s | SFM19-000256 | Send Message |
| | | | | |
| | | Project #: | | Request an Inspection |
| E ST | | Site #: | 99-9925 | Upload a Document |
| | | County: | Jackson | |
| | | Status: | Approved | |
| | | | 04/29/2019 | Explorer X |
| Comments: | | | ^ | |
| Comments. | | | ^ | |
| Vern News | I Francisco | | ~ | |
| | | | _ | |
| | | | | |
| 100 | (850) 413-3736 | | | |
| Fax: | Submit | | | |
| | ps://www.citizense Plea Attachment: | Please select the attachment below, it will be Indicates a required field Attachment: Comments: Your Name: Email Address: Phone Number: Fax: | Status: FI DOF Buildout - Buildout of existing shell space into fully ps://www.citizenserve.com/ - Bureau of Fire Prevention Online Portal - Server Please select the attachment below, it will be routed to the a Indicates a required field Attachment: Comments: Your Name: Email Address: Phone Number: [850] 413-3736 Fax: | Please select the attachment below, it will be routed to the appropriate staff. Attachment: Comments: Your Name: Phone Number: Please select the attachment below, it will be routed to the appropriate staff. |

Please select the attachment below, it vill be routed to the appropriate staff.

Attachment:
Comments:

Your Name:
Email Address:
Phone Number:
Fax:

The document has been uploaded successfully.

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