



FIRE PLAN CHECK APPLICATION

PC# _____ (office use only)

SELECT ONE: Regular Plan Check Accelerated Plan Check

SELECT ALL THAT APPLY: New Addition Modification New Address New Suite

SITE ADDRESS: _____

PROJECT NAME: _____

RELATED PERMIT NUMBER(S): _____ SQUARE FOOTAGE: _____

DESCRIPTION OF WORK: _____

PROPERTY OWNER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

APPLICANT INFORMATION:

NAME: _____

PHONE: _____ EMAIL: _____

CONTRACTOR INFORMATION:

NAME: _____ CITY BUSINESS LICENSE NO.: _____

CONTRACTOR LIC.: _____ PHONE: _____ EMAIL: _____

ARCHITECT/ENGINEER/DESIGNER INFORMATION:

NAME: _____ STATE LICENSE NO.: _____ EXP. DATE: _____

PHONE: _____ EMAIL: _____

PROJECT INFORMATION:

VALUATION COST (LABOR AND MATERIAL): \$ _____ Occupancy Group: _____

SELECT ONE: Sprinkler Systems No. of heads: _____ Fire Alarm No. of devices: _____ New Panel: Y/N

Standpipe System Underground Fire Main/private fire main/UNGD/Hydrants

Gas Detection System Pre-Engineered Fire Extinguishing Systems

Refrigeration/Haz Mat Emergency Responder Radio Coverage (ERRC)

Hazardous Materials/Waste Aboveground Storage Tank/Generator UG Storage Tank

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Building Department, Department of Planning, Health Department, and any other agencies are required prior to the issuance of the building/grading permit. I hereby choose to submit plans for building/grading plan check prior to obtaining the necessary approvals of the agencies. Furthermore, I am aware that if the building/grading plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid for plan review will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.