

# APPLICATION FOR PLAN REVIEW



## PLACENTIA FIRE & LIFE SAFETY DEPARTMENT

**COMMUNITY RISK REDUCTION DIVISION**  
**401 E Chapman Ave • Placentia, California 92870**  
**MAIN (714) 993-8135 • FAX (714) 961-0283**  
**www.placentia.org**

**PROJECT #:** F \_\_\_\_ - \_\_\_\_

**APPLICATION DATE:**

**BUILDING PERMIT #:** PC \_\_\_\_ - \_\_\_\_  
 (HPS Racks, Fire Bldg. Plan Review, Etc.)

<b>NEW</b> <input type="checkbox"/> <b>PLAN AMENDMENT - CHANGES REQUIRING FURTHER PLAN REVIEW (FEES REQUIRED)</b> <input type="checkbox"/> <b>AS-BUILT - NO FURTHER REVIEW REQUIRED. PLANS SUBMITTED FOR ACCURACY OF PROJECT ONLY</b> <input type="checkbox"/>	<b>INITIAL SUBMISSION</b> <input type="checkbox"/> <b>1st RESUBMITTAL</b> <input type="checkbox"/> <b>ADDITIONAL RESUBMITTAL (FEES REQUIRED)</b> <input type="checkbox"/>
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**PROJECT TITLE/JOB NAME:** \_\_\_\_\_

Project Address: \_\_\_\_\_ Building/Suite #: \_\_\_\_\_

**PROJECT DESCRIPTION/SCOPE OF WORK:** (ENTER A DESCRIPTION OF THE PROJECT)

**SUBMITTAL TYPE: (PLEASE SELECT ONE)**

- Fire Sprinkler System:** # of sprinklers \_\_\_\_\_  New System  TI  NFPA 13  NFPA 13R  NFPA 13D  Calculations  
**Fire Alarm System:** # of devices \_\_\_\_\_ Initiating \_\_\_\_\_ Notification  New System  TI  Landline to Cellular  
**Pvt. Fire Service Mains:** # of Hydrants \_\_\_\_\_ # of Appliances \_\_\_\_\_  
**Other:**  High Piled Storage  Technical Report  Hazardous Materials  Emerg. Responder Radio  Fixed Fire Suppression  
 CO<sub>2</sub> Monitoring  Tank Removal/Installation  Methane Mitigation  Fire Master Plan  Chem. Class  Other (Please Specify)

**CONTACT INFORMATION:**

	OWNER	APPLICANT	CONTRACTOR
	PROPERTY BUSINESS	(Company submitting to Fire Dept.)	(Check here if same as APPLICANT)
Business:			
Contact:			
Address:			
Building/Suite#:			
City:			
State:	Zip:	Zip:	Zip:
Office Phone:			
Cell:			
Email:			

**Contractor City Business License Number:** \_\_\_\_\_ **City Business License Exp. Date:** \_\_\_\_\_

**CONTRACTOR STATE LICENSE:**

I hereby affirm under penalty of perjury that I am a licensed contractor under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

**Contractor State License Number:** \_\_\_\_\_ **Contractor License Exp. Date:** \_\_\_\_\_

**License Classification:**  GEN. A  C-7  C-10  C-16  C-34  C-36  OTHER

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WORKERS COMPENSATION DECLARATION:**

I hereby affirm under penalty of perjury one of the following declarations: (PLEASE SELECT ONLY ONE)

- Not Applicable
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.
- I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance and Policy number are:

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**NOTE TO APPLICANT:** If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision of the Labor Code, you must comply with such provision, or this permit will be revoked.

**California Business & Professions Code Section 7031.5.** Plans submitted through Placentia Fire and Life Safety Department shall have the Contractor's **WET STAMP, LICENSE NUMBER, EXPIRATION DATES AND WET SIGNATURE OF THE STATE LICENSEE** on each sheet of the plan.

**CFC 105.3.6 Compliance with code.** The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction. Permits presuming to give authority to violate or cancel the provisions of this code or other ordinances of the jurisdiction shall not be valid. The issuance of a permit based on construction documents and other data shall not prevent the fire code official from requiring the correction of errors in the construction documents and other data. Any addition to, or alteration of, approved construction documents shall be approved in advance by the fire code official, as evidenced by the issuance of a new approval and/or a permit.

**CFC 105.4 Revocation.** The fire code official is authorized to revoke a permit issued under the provisions of this code when it is found by inspection or otherwise that there has been a false statement or misrepresentation as to the material facts in the application or construction documents on which the permit or approval was issued.

Initial: \_\_\_\_\_

**REQUIREMENTS AND NOTES TO THE APPLICANT:**

- 1. FIRE FEES INCLUDE:** Plan check, inspection, and permit job card.
- 2. EXPIRATION OF PERMITS:** This permit shall expire and become null and void if approved plans have not been inspected within 180 days from the date of the approval.
- 3. INSPECTION REQUESTS:** As required by the California Fire Code the appropriate installing contractor shall schedule the necessary inspections and be present on site for inspections. A minimum of 48 hours notice is required. Inspections are made subject to availability. Inspections are scheduled by contacting (714) 993-8135. **It is the responsibility of the Applicant to have the permit number available when scheduling inspections.**
- 4. REINSPECTION FEE:** May be charged against a permit when an inspection has failed, is not ready, or the responsible party is not on site or where previously noted corrections have not been completed.
- 5. APPROVED PLANS:** Upon approval, plans shall be kept on the job site at all times that work is in progress. Work shall not begin or commence without approved plans and permits.  
**Fines, penalties and double permit fees will be required. Complaints to the Contractor State License Board will be filed.**
- 6. SPECIAL OR OVERTIME INSPECTIONS:** The Fire Marshal or Designee **MUST** approve arrangements **in advance** and is subject to the availability of personnel. Additional fees will be required and must be paid prior to the inspection.
- 7. PLAN AMENDMENT/AS-BUILTS:** A supplemental plan review fee will be charged upon receiving a plan amendment. This fee will be collected upon submittal.

I certified that I have read this application and state that the above information is true and correct. (We) agree to comply with all City ordinances and state laws relating to building construction, and hereby authorize representatives of Placentia Fire & Life Safety Department to enter upon the above-mentioned property for inspection purposes. (We) agree to save, indemnify, and keep harmless the Placentia Fire & Life Safety Department against liabilities, judgments, costs, and expenses that may in any way accrue against said department in consequence of granting this permit.

Applicant Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE:**

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Placentia legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Placentia, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Placentia electronically stored copy of any other documents.

By using the system to electronically sign and submit any document. I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLANS PICKED UP BY:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** FEE \$: \_\_\_\_\_ Fire Plan Check Acct#: 103067-4163 Date Received: \_\_\_\_\_

Paid by:  Check #  Cash  Credit Card Plan Checker:  Consultant  Fire Marshal  Plans Examiner