

DATE: _____

**CHINO VALLEY FIRE DISTRICT
PLAN REVIEW APPLICATION**

PERMIT # _____

APPLICANT INFORMATION:

Name: _____ Address: _____

Contact (If different from applicant): _____ City: _____ State: _____ Zip: _____

Telephone # (____) _____ - _____ Cell # (____) _____ - _____ E-mail: _____

PROJECT INFORMATION:

Name: _____

Address: _____

Check/Circle One CHINO CHINO HILLS COUNTY AREA

APN # _____ City Project # _____

Tract # _____ Lot # _____ Sq. Footage: _____

***If application is for several sites, a separate sequence sheet shall be provided with all addresses and lot numbers, if applicable.

CONTRACTOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # : (____) _____ - _____

License #: _____ Class: _____

Expiration Date: _____

PLANS INFORMATION: Industrial Commercial Residential Check the appropriate plan type and complete all required information below.

<input type="checkbox"/> New Construction	<input type="checkbox"/> Construction T.I.	<input type="checkbox"/> Spray Booths # of Booths:	<input type="checkbox"/> Underground # of Risers:
<input type="checkbox"/> Gate	<input type="checkbox"/> Fire Sprinkler (New) # of Risers/Systems:	Heads per Riser:	<input type="checkbox"/> Fire Alarm (New) <input type="checkbox"/> Evac <input type="checkbox"/> No Evac
<input type="checkbox"/> PV	<input type="checkbox"/> Fire Sprinkler T.I. # of Risers/Systems:	Heads per Riser:	<input type="checkbox"/> Fire Alarm T.I. <input type="checkbox"/> Eva <input type="checkbox"/> No Evac
<input type="checkbox"/> PV w/ Battery Back-up	<input type="checkbox"/> Fixed Extinguishing Systems # of Systems:		<input type="checkbox"/> Fire Alarm (Sprinkler Monitoring Only)
<input type="checkbox"/> Hazmat	<input type="checkbox"/> High Piled Storage square footage of HPS area:		<input type="checkbox"/> Other:
<input type="checkbox"/> Site Approval	<input type="checkbox"/> Tract Map	<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Minor Subdivision
			<input type="checkbox"/> Conditional Use Permit

THE PERMIT WILL BE ISSUED TO THE CONTRACTOR. COMMENCEMENT OF ANY WORK WITHOUT A FIRE PERMIT MAY RESULT IN A FINE UP TO \$1,000.00 PER DAY. ALL FEES ARE DUE AT TIME OF SUBMITTAL AND ARE NON-REFUNDABLE.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

Fee Code:		Consultant <input type="checkbox"/> CCG <input type="checkbox"/> Jensen/Hughes <input type="checkbox"/> CAD Rec'd	<input type="checkbox"/> New Business / Need Contact Sheet
Amount:		1 st Correction Date & Initials:	Notes:
Owe:		Resubmittal Date & Initials:	
Batch #:		2 nd Correction Date & Initials:	
Pymt. Type:	<input type="radio"/> VISA <input type="radio"/> MC <input checked="" type="radio"/> OTHER	2 nd Resubmittal Date & Initials:	
Check #:		Approval Date & Initials:	