| DATE: | | |
|-------|------|--|
| | | |
| | | |

CHINO VALLEY FIRE DISTRICT PLAN REVIEW APPLICATION

| PERMIT | # | | | | | | |
|--------|---|--|--|--|--|--|--|
| | | | | | | | |

|--|

| APPLICANT INFORMATION: | | | |
|---|--------------------------------------|-------------------------------------|---|
| Name: | Add | lress: | |
| Contact (If different from applicant): | | City: | State: Zip: |
| Telephone # () | _Cell # () | _ E-mail: | |
| PROJECT INFORMATION: | | CONTRACTOR INFORMATION | <u>\</u> : |
| Name: | | Name: | |
| Address: | | Address: | |
| Circle One: CHINO CHINO HI | LLS COUNTY AREA | | State: Zip: |
| APN # City Project | ct # | Telephone # :() | |
| Tract #Lot # | Sq. Footage: | | Class: |
| ***If application is for several sites, a seprovided with all addresses and lot num | | | E-mail |
| PLANS INFORMATION: Industrial C | commercial Residential Chec | ck the appropriate plan type and co | emplete all required information below. |
| New Construction Constru | ction T.I. Spray Booths | # of Booths: | Underground # of Risers: |
| Gate Fire Spr | inkler (New) # of Risers/Systems: | Heads per Riser: | Fire Alarm (New) Evac No Evac |
| PV Fire Spr | inkler T.I. # of Risers/Systems: | Heads per Riser: | Fire Alarm T.I. Evac No Evac |
| PV w/ Battery Back-up Fixed Ex | ktinguishing Systems # of Systems: | | Fire Alarm (Sprinkler Monitoring Only) |
| Hazmat High Pile | ed Storage square footage of HPS are | a: | Other: |
| Site Approval Tract Ma | ap Parcel Map | Minor Subdivision | Conditional Use Permit |
| FINE UP TO \$1,000.00 PER DAY. ALL | FEES ARE DUE AT TIME OF SU | JBMITTAL AND ARE NON-RE | |
| | | | DATE: |
| OFFICE USE ONLY: | | | T., |
| Fee Code: | Consultant: CCG Damage | Jensen/Hughes CAD Rec'd | New Business / Need Contact Sheet |

| Fee Code: | | | | Consultant: | CCG | Damage | Jensen/Hughes | CAD Rec'd | | New Business / Need Contact Sheet |
|------------|------|----|-------|----------------------------|-----------|-------------|---------------|-----------|----|-----------------------------------|
| Amount: | | | | 1 st Correctio | n Date 8 | k Initials: | | | No | otes: |
| Owe: | | | | Resubmittal | Date & | Initials: | | | | |
| Batch #: | | | | 2 nd Correction | n Date | & Initials: | | | | |
| Pymt.Type: | VISA | MC | OTHER | 2 nd Resubmi | ttal Date | & Initials: | | | | |
| Check #: | | | | Approval Da | te & Init | als: | | | | |