

MONTEREY PARK FIRE PREVENTION

320 WEST NEWMARK AVENUE

MONTEREY PARK, CA 91754

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PLAN CHECK

APPLICATION FOR FIRE:	<input type="checkbox"/> PLAN CHECK	<input type="checkbox"/> PERMIT
FIRE PLAN CHECK #	BUILDING PERMIT #	

JOB ADDRESS	SUITE
NAME OF BUSINESS	DATE

CONTRACTOR:				
EMAIL			CITY BUSINESS LICENSE #	
ADDRESS		CITY	STATE	ZIP CODE
PHONE #	MOBILE #	LICENSE NUMBER	LICENSE CLASS:	EXPIRATION DATE

PRIMARY CONTACT				
ADDRESS		CITY	STATE	ZIP CODE
PHONE #	MOBILE #	EMAIL		

<u>JOB INFORMATION</u>	
VALUATION OF JOB: \$ _____	
1. Submittal Type: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	
2. Plan Check Type: <input type="checkbox"/> Existing <input type="checkbox"/> New Construction <input type="checkbox"/> As Built <input type="checkbox"/> Revision	
3. Permit Type: (Check One Below)	
<input type="checkbox"/> Fire Alarm (New) <input type="checkbox"/> Fire Alarm (T.I.) <input type="checkbox"/> Fire Sprinklers (New) <input type="checkbox"/> Fire Sprinklers (T.I.)	<input type="checkbox"/> Hood/Duct Fire Suppression System <input type="checkbox"/> Fire Department Access <input type="checkbox"/> Special/Other (Describe Below)
NUMBER OF DEVICES: Sprinkler Heads _____ Fire Alarm _____ Hood & Duct _____	
DESCRIPTION OF WORK:	

FIRE PLAN CHECK #
 JOB ADDRESS:

BUILDING PERMIT #

<u>P.C. FEE'S</u>	<u>VALUATION</u>	<u>CONSULTANT</u>	<u>AS-BUILT</u>	<u>EXPEDITE</u>	<u>INSPECTION</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>FIRE PERMIT</u> \$ _____ <u># OF HOURS</u> _____ <u># OF INSP.</u> _____ <u>ADMIN %25.4</u> <input type="checkbox"/> Yes <input type="checkbox"/> No					
RESUBMITTAL FEE..... \$ _____			MINUS DEPOSIT \$ _____		
RESUBMITTAL CONSULTANT FEE \$ _____			BALANCE DUE \$ _____		

<u>NUMBER OF DEVICES:</u> NUMBER OF SPRINKLER HEADS..... @ \$7.60 = \$ _____ NUMBER OF FIRE ALARM DEVICES..... @ \$7.60 = \$ _____ NUMBER OF HOOD & DUCT NOZZLES _____ @ \$7.60 = \$ _____	<u>DEFERRED SUBMITTALS</u> FIRE ALARM REQUIRED: Y / N (Please circle) FIRE SPRINKLER SYSTEM REQUIRED: Y / N (Please circle) FIRE PERMITS REQUIRED: Y / N (If yes, please list) <hr/> OTHER FIRE PROTECTION SYSTEM: Y / N (If yes, please list)
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DATE	TO	RECHECK	APPROVED	DISAPPROVED	TFR OF STAMP	INITIAL

<u>INITIAL PLAN CHECK :</u> APPLICATION SUBMITTED: _____ ROUTED TO CONSULTANT: _____ IN-HOUSE REVIEW: _____ RETURNED FROM CONSULTANT: _____ ROUTED TO APPLICANT / BLDG _____ TRANSFER OF STAMP: _____ PERMIT ISSUED: _____ TOTAL TURNAROUND: _____	<u>ADDITIONAL PLAN CHECK:</u> APPLICATION SUBMITTED: _____ ROUTED TO CONSULTANT: _____ IN-HOUSE REVIEW: _____ RETURNED FROM CONSULTANT: _____ ROUTED TO APPLICANT / BLDG ,,,,,..... _____ TRANSFER OF STAMP: _____ PERMIT ISSUED: _____ TOTAL TURNAROUND: _____
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