

Stanislaus County Sheriff's Office/Office of Fire Warden Fire Prevention Bureau

1010 10th Street Suite 3538 Modesto, CA 95354 Main Number: 209-552-3700 Fax: 209-525-5757

E-mail: <u>fireprevention@stancounty.com</u> Website: <u>http://www.stanoes.com/fire-prevention.shtm</u>

## UNDERGROUND FIRE LINE PLAN SUBMITTAL APPLICATION

## **Requirements** for submittal:

\*\*\*\*Please sign below to agree to the following terms:

- PDF submissions for suppression plans along with calculations, material sheets or other information needed, 5 megabytes or less send via e-mail to: <u>fireprevention@stancounty.com</u>
- Subject Line: Address of project Name of Project Type of plan submittal
- Plan/calculations over 5 megabytes submit as drop box link, disk or thumb drive (mail or drop off at above address)
- \$110 non-refundable deposit for plan review, mail or drop off at above address. Written to: Stanislaus County Fire Prevention
- Fee's: \$110.00 per hour for plan check. Inspection fees will vary depending on the project and/or square footage.
- Plan submittal application form can be found at the above website under Fire Prevention-Quick Links-Forms-
- Forms of payment: Checks (written to: Stanislaus County Fire) or cash only. Credit cards are NOT accepted.
- Inspection fee consists of 2 inspections. Additional inspection will apply after 2nd inspection and will not be scheduled until additional inspection fee is paid in full. Projects not ready for scheduled inspection will be considered a failed inspection.

Submittal Date:	Submitted By:
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## Signature (you agree & understand above requirements):

Phone:	E>	ktension:	E-mail	:			
Billing Address:							
PLAN DESIGNER NAME/COMPANY:			CA License #				
CONTRACTOR (INSTALLER):			CA License #				
Phone:	Exte	ension:	E-mail:				
Address:							
DESCRIPTION OF	WORK						
Resubmittal? Y	′es No	New submittal?	Yes	No	Tenant Improvement?	Yes	No
Thrust block placement/location drawn in submitted plans? Yes No							
APN/Parcel #							
Occupancy Classification of building project:			Type of Construction:				
Project Name:				Bui	Iding Permit #:		
Project Address:		TE FORMS/SU	BMISSIONS		IOT BE ACCEPTED		
OFFICE USE ONLY			Fire Perm			:	
Deposit Date:	Check #:	Amount:	Fror	n:			