

OFFICE USE ONLY Fire District:

Check #

NOTES:

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

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

SPRINKLER PLAN SUBMITTAL APPLICATION

Requirements for submittal: ****Please sign below to agree to the following terms:

- PDF submissions for suppression plans along with calculations, cut sheets and/or water flow results 5 megabytes or less send via e-mail to: fireprevention@stancounty.com. Subject Line: Address of project Name of Project FS plan submittal
- Links e-mailed for plan review are NOT acceptable.
- Plan/calculations over 5 megabytes submit on a disk, mail or drop off at above address
- \$110 non-refundable deposit for plan review, mail or drop off at above address
- Fee's: \$110.00 per hour for plan check. Inspection fees will vary depending on the project. Residential \$263. Commercial will depend on square footage and the type of suppression inspection.
- Plan submittal application form can be found at the above website under Fire Marshal/Fire Prevention-Quick Links-Forms-Application Form.
- Forms of payment accepted: Checks or cash only. Credit cards are NOT accepted at this time.
- 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.

| | additional inspection fee is paid in | dditional inspection fee is paid in full. Projects not ready for scheduled inspection will be considered a failed inspe | | | | | | |
|---|---|---|---------------------|----------------|--------------------|--------------------------|----|--|
| | Submittal Date | Submitte | ed By | | | | | |
| | Company | | | | | | | |
| | Signature (you agree & understar | nd above requiremen | nts): | | | | | |
| | Phone # | Extension # | | E-mail | | | | |
| | Billing Address: | | | | | | | |
| | PLAN DESIGNER NAME/COMPANY | | | | CA License # | | | |
| | CONTRACTOR/INSTALLER | | | CA License # | | | | |
| | Phone # | Extension # | | E-mail | | | | |
| | Address | | | | | | | |
| | DESCRIPTION OF WORK | | | | | | | |
| | Type of Plans | | | Type of System | | | | |
| | Resubmittal Yes No | New submittal | Yes | No | Tenant Improvement | Yes | No | |
| | Square Footage of Applied Area | Numl | ber of Stai | ndpipes | Number of s | Number of systems/risers | | |
| Number of Stories Number of Heads per floor | | | | | | | | |
| | Number of heads per system / ris | | | Total num | ber of Hea | ads | | |
| | Occupancy classification | Туре | ype of construction | | | | | |
| | Project Name | | Building Permit # | | | | | |
| Project Address | | | | | APN/Pa | arcel | | |
| | INCOMPLETE FORMS/SUBMISSIONS WILL NOT BE ACCEPTED | | | | | | | |

Fire Permit: FIR

Amount:

Received By: