

**MONTEREY PARK FIRE PREVENTION**

320 WEST NEWMARK AVENUE

MONTEREY PARK, CA 91754

Phone (626) 307-1308

E-mail: firepermitcounter@montereypark.ca.gov

Website: www.montereypark.ca.gov



**PLAN CHECK**

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

<b>JOB ADDRESS</b>	<b>SUITE</b>
<b>NAME OF BUSINESS</b>	<b>DATE</b>

<b>CONTRACTOR:</b>				
<b>EMAIL</b>			<b>CITY BUSINESS LICENSE #</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE #</b>	<b>MOBILE #</b>	<b>LICENSE NUMBER</b>	<b>LICENSE CLASS:</b>	<b>EXP. DATE</b>

<b>PRIMARY CONTACT</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE #</b>	<b>MOBILE #</b>	<b>EMAIL</b>		

<b>JOB INFORMATION</b>	
<b>VALUATION OF JOB: \$ _____</b>	
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 _____	
<b>DESCRIPTION OF WORK:</b>	
_____	
_____	
_____	

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..... @ \$10.13 = \$ _____ NUMBER OF FIRE ALARM DEVICES..... @ \$10.13 = \$ _____ NUMBER OF HOOD & DUCT NOZZLES _____ @ \$10.13 = \$ _____	<u>DEFERRED SUBMITTALS</u> FIRE ALARM REQUIRED:    YES    NO FIRE SPRINKLER SYSTEM REQUIRED:    YES    NO FIRE PERMITS REQUIRED:    YES    NO (If yes, please list) <hr/> OTHER FIRE PROTECTION SYSTEM:    YES    NO (If yes, please list)
--	--

DATE	TO	RECHECK	APPROVED	DISAPPROVED	TFR OF STAMP	INITIAL

<u>PLAN CHECK :</u>	<u>1ST REVIEW</u>	<u>2ND REVIEW</u> As-Built	<u>3RD REVIEW</u> As-Built	<u>4TH REVIEW</u> As-Built
APPLICATION SUBMITTED:	_____	_____	_____	_____
ROUTED TO CONSULTANT:	_____	_____	_____	_____
RETURNED FROM CONSULTANT:	_____	_____	_____	_____
IN-HOUSE REVIEW:	_____	_____	_____	_____
ROUTED TO APPLICANT/ BLDG:	_____	_____	_____	_____
TRANSFER OF STAMP:	_____	_____	_____	_____
PERMIT ISSUED:	_____	_____	_____	_____
TOTAL TURNAROUND:	_____	_____	_____	_____