

APPLICATION FOR PLAN REVIEW



APPLE VALLEY FIRE PROTECTION DISTRICT

22400 HEADQUARTERS DRIVE • APPLE VALLEY, CA 92307

TELEPHONE (760) 247-7618 • FAX (760) 247-3895

Community Risk Reduction Division

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

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|--|---|
| NEW PLANS <input type="checkbox"/> PLAN AMENDMENT - CHANGES REQUIRING FURTHER PLAN REVIEW (FEES REQUIRED) <input type="checkbox"/> AS-BUILT - NO FURTHER REVIEW REQUIRED. PLANS SUBMITTED FOR ACCURACY OF PROJECT ONLY <input type="checkbox"/> | INITIAL SUBMISSION <input type="checkbox"/> 1st RESUBMITTAL <input type="checkbox"/> ADDITIONAL RESUBMITTAL (FEES REQUIRED) <input type="checkbox"/> |
|--|---|

PROJECT TITLE/JOB NAME: _____

Project Address: _____ Building/Suite #: _____

| | |
|--|---|
| SUBMITTAL TYPE: (PLEASE SELECT ONLY ONE) | |
| <input type="checkbox"/> Sprinkler Residential _____ SQFT. <input type="checkbox"/> Sprinkler Commercial _____ # of heads <input type="checkbox"/> New Construction Commercial <input type="checkbox"/> Tennant Improvement Commercial <input type="checkbox"/> Fire Alarm Commercial <input type="checkbox"/> Fire Alarm Residential | <input type="checkbox"/> UL-300 Hood Fire Suppression <input type="checkbox"/> CO2 Systems <input type="checkbox"/> Underground Fire Protection <input type="checkbox"/> Sub-Division/Tract Maps <input type="checkbox"/> Other _____ |

| CONTACT INFORMATION: | | | |
|--|-------|--|------------|
| | OWNER | APPLICANT <small>(Company submitting to Fire Dept.)</small> | CONTRACTOR |
| Business: | | | |
| Contact: | | | |
| Address: | | | |
| Building/Suite#: | | | |
| City: | | | |
| State: | Zip: | Zip: | Zip: |
| Office Phone: | | | |
| Cell: | | | |
| Email: | | | |
| Contractor City Business License Number: | | City Business License Exp. Date: | |
| CONTRACTOR STATE LICENSE: | | | |
| I hereby affirm under penalty of perjury that I am a licensed contractor under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. | | | |
| Contractor State License Number: | | Contractor License Exp. Date: | |
| License Classification: <input type="checkbox"/> GEN. A <input type="checkbox"/> C-7 <input type="checkbox"/> C-10 <input type="checkbox"/> C-16 <input type="checkbox"/> C-34 <input type="checkbox"/> C-36 <input type="checkbox"/> OTHER | | | |
| Signature of Contractor: | | Date: | |

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California Business & Professions Code Section 7031.5. Plans submitted through Apple Valley Fire Protection District shall have the Contractor's **WET STAMP, LICENSE NUMBER, EXPIRATION DATES AND WET SIGNATURE OF THE STATE LICENSEE** on each sheet of the plan.

CFC 105.3.6 Compliance with code. The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction. Permits presuming to give authority to violate or cancel the provisions of this code or other ordinances of the jurisdiction shall not be valid. The issuance of a permit based on construction documents and other data shall not prevent the fire code official from requiring the correction of errors in the construction documents and other data. Any addition to, or alteration of, approved construction documents shall be approved in advance by the fire code official, as evidenced by the issuance of a new approval and/or a permit.

CFC 105.5 Revocation. The fire code official is authorized to revoke a permit issued under the provisions of this code when it is found by inspection or otherwise that there has been a false statement or misrepresentation as to the material facts in the application or construction documents on which the permit or approval was issued.

Initial: _____

REQUIREMENTS AND NOTES TO THE APPLICANT:

- 1. FIRE FEES INCLUDE:** Plan check, inspection, and permit job card.
- 2. EXPIRATION OF PERMITS:** This permit shall expire and become null and void if approved plans have not been inspected within 180 days from the date of the approval.
- 3. INSPECTION REQUESTS:** As required by the California Fire Code the appropriate installing contractor shall schedule the necessary inspections and be present on site for inspections. A minimum of 48 hours notice is required. Inspections are made subject to availability. Inspections are scheduled by contacting (760) 247-7618x122. **It is the responsibility of the Applicant to have the permit number available when scheduling inspections.**
- 4. REINSPECTION FEE:** May be charged against a permit when an inspection has failed, is not ready, or the responsible party is not on site or where previously noted corrections have not been completed.
- 5. APPROVED PLANS:** Upon approval, plans shall be kept on the job site at all times that work is in progress. Work shall not begin or commence without approved plans and permits. **Fines, penalties and double permit fees will be required.**
- 6. SPECIAL OR OVERTIME INSPECTIONS:** The Fire Marshal or Designee **MUST** approve arrangements **in advance** and is subject to the availability of personnel. Additional fees will be required and must be paid prior to the inspection.
- 7. PLAN AMENDMENT/AS-BUILTS:** A supplemental plan review fee will be charged upon receiving a plan amendment. This fee will be collected upon submittal.

I certified that I have read this application and state that the above information is true and correct. (We) agree to comply with all District ordinances and state laws relating to building construction, and hereby authorize representatives of Apple Valley Fire Protection District to enter upon the above-mentioned property for inspection purposes. (We) agree to save, indemnify, and keep harmless the Apple Valley Fire Protection District against liabilities, judgments, costs, and expenses that may in any way accrue against said department in consequence of granting this permit.

Applicant Name (print): _____

Signature: _____ Date: _____

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE:

I understand and agree that (i) electronically signing and submitting any document(s) to the Apple Valley Fire Protection District legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the Apple Valley Fire Protection District, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the Apple Valley Fire Protection District's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document. I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Applicant Signature: _____ Date: _____

PLANS PICKED UP BY:

Signature: _____ Print Name: _____ Date: _____

Office Use ONLY: FEE \$: _____ Date Received: _____ Received by: _____

Paid by: Check # _____ CreditCard Plan Checker: Fire Marshal Plans Examiner