



PECHANGA FIRE DEPARTMENT

Application for Fire Department Construction Permit

(Submit Application at least 30 business days prior to work)

APPLICANT INFORMATION (PERMITEE)

Name:	Title:
Company:	License Type and #:
Phone:	Email:
I certify that all of the information I have provided is correct, and I agree to comply with any CONDITIONS OF APPROVAL and all laws pertaining to this permit adopted by the Pechanga Indian Reservation. I understand that any false or misrepresented information provided or any violation of the conditions or laws may result in the immediate revocation of this permit. I understand that approval of this permit is valid only for the permittee, work, location, and dates specified on this application.	
Signature:	Date:

PERMIT INFORMATION

Name of Project:	PFD Project #
Address:	Building Permit #
Location:	Date work begins:

CONSTRUCTION PERMIT TYPE: (check all that apply and enter necessary information)

CONSTRUCTION PERMITS – Allows the applicant to construct, install or modify structures, systems and equipment for which a permit is required by and shall be in accordance with Pechanga Building & Fire Code Ordinance. Construction permits expire after 180 days of inactivity. PRC PDC PTG Private

<input type="checkbox"/> FIRE ALARM: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> BATTERY SYSTEM	\$
#devices:	#floors:	<input type="checkbox"/> CAPACITOR ENERGY SYSTEMS	\$
<input type="checkbox"/> FIRE SPRINKLERS: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> COMPRESSED GASES	\$
<input type="checkbox"/> NFPA-13 <input type="checkbox"/> NFPA-13R <input type="checkbox"/> NFPA-13D		<input type="checkbox"/> CRYOGENIC FLUIDS	\$
#heads:	#floors:	<input type="checkbox"/> EMERGENCY RESPONDER RADIO SYSTEM	\$
#systems:	#calc'd areas:	<input type="checkbox"/> FLAMMABLE & COMBUSTIBLE LIQUIDS	\$
#sq. ft.:		<input type="checkbox"/> FUEL CELL POWER SYSTEMS	\$
<input type="checkbox"/> FIRE PUMP: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> GATES/BARRICADES IN FIRE APPARATUS ACCESS	\$
#pumps:		<input type="checkbox"/> HAZARDOUS MATERIALS	\$
<input type="checkbox"/> FIRE SERVICE UNDERGROUND: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> HIGH PILED STORAGE	\$
#risers:	#hydrants:	<input type="checkbox"/> INDUSTRIAL OVENS	\$
<input type="checkbox"/> STANDPIPES: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> LIQUID PETROLEUM GAS (LPG)	\$
<input type="checkbox"/> Class I or III <input type="checkbox"/> Class II		<input type="checkbox"/> SMOKE CONTROL/EXHAUST SYSTEM	\$
#systems:	#calc'd areas:	<input type="checkbox"/> SOLAR PHOTOVOLTAIC SYSTEM	\$
<input type="checkbox"/> SPECIAL HAZARD SYSTEM: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> SPRAYING / DIPPING MACHINERY	\$
<input type="checkbox"/> wet chemical/kitchen hood #systems:		<input type="checkbox"/> MOTOR VEHICLE REPAIR ROOMS & BOOTHS	\$
<input type="checkbox"/> dry chemical/spray booth #systems:		<input type="checkbox"/> SPECIAL EVENT STRUCTURE	\$
<input type="checkbox"/> carbon dioxide (CO2) #systems:		<input type="checkbox"/> TENT/TEMPORARY MEMBRANE STRUCTURES	\$
<input type="checkbox"/> clean agent #systems:		<input type="checkbox"/> OTHER:	\$
<input type="checkbox"/> GAS DETECTION SYSTEM: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	<input type="checkbox"/> OTHER:	\$
<input type="checkbox"/> PRIVATE FIRE HYDRANT: <input type="checkbox"/> New <input type="checkbox"/> TI	\$	Standby Service \$300 per hour: #engines _____ # hours _____	

ADDITIONAL INFORMATION "REQUIRED"

Provide detailed description of the project/event. Identify systems and explain scope of work to be performed. Attach plans, diagrams, and other applicable documentation.

FEES

Please refer to the Pechanga Fire Department Fee Schedule. Permit/Inspection Fees include inspections noted in conditions and (1) reinspection – additional reinspections will be charged \$75. ***Some operational permits require plan review per fee schedule or the miscellaneous hourly rate.*

Total # permits:	Total Permit Fees: \$
Plans/Submittals Included: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Total Plan Review Fee: \$

Submit permit applications, plan review forms, and (3) sets of plans, when required, with payment.

Electronically: PFD-FMO@pechanga-nsn.gov

By appointment: Office of the Fire Marshal, 45421 Pechanga Pkwy., Ste. 210 Tuesday-Friday, 7am to 6pm

By mail: Pechanga Fire Department, Office of the Fire Marshal, 48240 Pechanga Rd., Temecula, CA 92592

We accept Checks and Cashier Checks: Make checks payable to "Pechanga Fire Department"

Credit card payments are subject to a 4% processing fee



OFFICE USE ONLY

Date Received:	Received by:	
Permit Paid in Full: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Permit Fees Paid: \$	Balance Due: \$
Plan Review Paid in Full: <input type="checkbox"/> YES <input type="checkbox"/> NO	Review Fees Paid: \$	Balance Due: \$
Plan Review Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Check #	<input type="checkbox"/> Credit Card
Permit #:	Effective Date:	
Issued by:	Expiration Date:	

Approved Approved with Conditions Denied

Approval of this permit shall not be construed to be approval of any violation of any provision of federal, tribal, or other applicable laws.

CONDITIONS: