




PECHANGA FIRE DEPARTMENT

Plan Review Submittal

PROJECT INFORMATION			
Project #:		Building Permit #:	
Project Name:		Fire Permit #:	
Project Address:		Location (room#,smoke control zone):	
Contact Name:		Title:	Date:
Contact #:		Contact email:	
PLAN REVIEW TYPE (check all that apply)			
<input type="checkbox"/> New <input type="checkbox"/> Re-submittal <input type="checkbox"/> As-built		<input type="checkbox"/> PRC <input type="checkbox"/> PTG <input type="checkbox"/> Private <input type="checkbox"/> PDC	
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Total Square feet:		<input type="checkbox"/> Construction Permit:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Tenant Improvement / Addition		<input type="checkbox"/> Operational Permit/Special Event:	
PLAN REVIEW SCOPE (check all that apply)			
<input type="checkbox"/> FIRE ALARM: <input type="checkbox"/> New <input type="checkbox"/> TI		\$	
#devices:	#floors:	<input type="checkbox"/> BATTERY SYSTEM	\$
<input type="checkbox"/> FIRE SPRINKLERS: <input type="checkbox"/> New <input type="checkbox"/> TI		\$	
<input type="checkbox"/> NFPA-13 <input type="checkbox"/> NFPA-13R <input type="checkbox"/> NFPA-13D		<input type="checkbox"/> COMPRESSED GASES	
#heads:	#floors:	\$	
#systems:	#calc'd areas:	<input type="checkbox"/> CRYOGENIC FLUIDS	
#sq. ft.:		\$	
<input type="checkbox"/> FIRE PUMP: <input type="checkbox"/> New <input type="checkbox"/> TI		\$	
#pumps:		<input type="checkbox"/> EMERGENCY RESPONDER RADIO SYSTEM	
<input type="checkbox"/> FIRE SERVICE UNDERGROUND: <input type="checkbox"/> New <input type="checkbox"/> TI		\$	
#risers:	#hydrants:	<input type="checkbox"/> FIRE APPARATUS ACCESS ROADS	
<input type="checkbox"/> STANDPIPES: <input type="checkbox"/> New <input type="checkbox"/> TI		\$	
<input type="checkbox"/> Class I or III <input type="checkbox"/> Class II		<input type="checkbox"/> FIRE APPARATUS ROADS-GATES/BARRICADES	
#systems:	#calc'd areas:	\$	
<input type="checkbox"/> SPECIAL HAZARD SYSTEM: <input type="checkbox"/> New <input type="checkbox"/> TI		\$	
<input type="checkbox"/> wet chemical/kitchen hood #systems:		<input type="checkbox"/> FLAMMABLE & COMBUSTIBLE LIQUIDS	
<input type="checkbox"/> dry chemical/spray booth #systems:		\$	
<input type="checkbox"/> carbon dioxide (CO2) #systems:		<input type="checkbox"/> FUEL TANK INSTALLATION	
<input type="checkbox"/> clean agent #systems:		\$	
<input type="checkbox"/> ENGINE COMPANY STANDBY		\$	
#engines	#hours	<input type="checkbox"/> FUEL TANK REMOVAL	
		\$	
		<input type="checkbox"/> HAZARDOUS MATERIALS	
		\$	
		<input type="checkbox"/> HIGHPILED STORAGE	
		\$	
		<input type="checkbox"/> INDUSTRIAL OVENS	
		\$	
		<input type="checkbox"/> LIFE SAFETY / NON-STRUCTURAL REVIEW	
		\$	
		<input type="checkbox"/> LIQUID PETROLEUM GAS (LPG)	
		\$	
		<input type="checkbox"/> SOLAR PHOTOVOLTAIC SYSTEM	
		\$	
		<input type="checkbox"/> SMOKE CONTROL/EXHAUST SYSTEM	
		\$	
		<input type="checkbox"/> SPRAYING / DIPPING MACHINERY	
		\$	
		<input type="checkbox"/> TENTS & MEMBRANE STRUCTURES	
		\$	
		<input type="checkbox"/> OTHER:	
		\$	
		<input type="checkbox"/> OTHER:	
		\$	
		<input type="checkbox"/> OTHER:	
		\$	
FEES			
Please refer to the Pechanga Fire Department Fee Schedule. Additional fees may be assessed at the miscellaneous hourly rate.			
Total # submittals:		Total Plan Review Fees: \$	
<p>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 <i>We accept Checks and Cashier Checks: Make checks payable to "Pechanga Fire Department"</i> <i>Credit card payments are subject to a 4% processing fee</i></p>			
OFFICE USE ONLY			
Received By:	Rec'd Date:	Paid in Full: <input type="checkbox"/> YES <input type="checkbox"/> NO	Fees Paid: \$
Reviewed By:	Review Date:	Plan Review _____ Hours = \$ _____ Due	
Permit Required: <input type="checkbox"/> Construction <input type="checkbox"/> Operation	<input type="checkbox"/> Check #		<input type="checkbox"/> Credit Card
<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Comments <input type="checkbox"/> Re-submittal Required			
NOTES:			