



FIRE DEPARTMENT

**PLAN CHECK SUBMITTAL INFORMATION SHEET**

Date Submitted: \_\_\_\_\_

Contractor: State Lic. No. \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Applicant: State Lic. No. \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Information: Business Name \_\_\_\_\_  
Address, Bldg. No., Suite No. \_\_\_\_\_  
APN \_\_\_\_\_  
Building Area Square Feet \_\_\_\_\_ Number of Stories \_\_\_\_\_

- 1. Submittal Type:  New Submittal OR  Resubmittal of Existing - FIR # \_\_\_\_\_
- 2. Building Type:  Existing OR  New Construction
- 3. Plan Check Type:  Modification of Existing OR  New System

4. Permit Type: (Check One Below)

Fire Suppression

- Detection/Alarm
- Fire Sprinklers (Overhead)
- Wet/Dry Chemical (Fixed Fire Protection)
- On-Site Water Main Including Hydrants (No Tracts)
- Mylar Sigs Only (No Tracts)
- School Site
- Special/Other (Describe Below)

Hazardous Materials/Tanks

- Tank Installation (Above Ground)
- Tank Installation (Under Ground)
- Tank Removal
- Special/Other (Describe Below)

Description: \_\_\_\_\_

5. Job Valuation: \$ \_\_\_\_\_

*Note: Copy of contract, letter of agreement, or other document certifying the cost/valuation of the work to be done is required.*

FOR OFFICIAL USE ONLY

*Note: Plans not picked up within 180 days of submittal will be destroyed.*

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| <p>IN ORDER TO OBTAIN A PERMIT, THE FOLLOWING WILL BE REQUIRED:</p> <ul style="list-style-type: none"> <li>• CURRENT STATE CONTRACTORS LICENSE</li> <li>• WRITTEN AUTHORIZATION FROM CONTRACTOR IF AGENT IS SIGNING FOR PLANS/PERMIT</li> <li>• CURRENT CITY OF VICTORVILLE BUSINESS LICENSE</li> <li>• CURRENT WORKERS' COMP</li> </ul> |
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