



SOUTHERN MARIN FIRE PROTECTION DISTRICT

FIRE PREVENTION BUREAU

333 Johnson Street, Sausalito, CA 94965 | Phone: (415) 380-1120 | prevention@smfd.org

PLAN CHECK APPLICATION

Please complete the application with all the information requested. Please **print** clearly.

PROJECT INFORMATION:

Project Address: _____ City: _____

Type of Property (*please circle one*): **RESIDENTIAL** **COMMERCIAL** A.P.N: _____ - _____ - _____

Type of Project (*please circle one*): **NEW CONSTRUCTION** **REMODEL** **ADDITION** **TENANT IMPROVEMENT**

FIRE SPRINKLER SYSTEM **FIRE ALARM SYSTEM** **VEGETATION MANAGEMENT PLAN** **OTHER**

Type of Construction: Type _____ Class _____ Existing Fire Sprinkler System?: Yes _____ No _____

OWNER INFORMATION:

Property Owner Name: _____ Email: _____

Owner Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

APPLICANT INFORMATION:

Applicant Name: _____ Email: _____

Type of Applicant (*please circle one*): **OWNER** **ARCHITECT** **ENGINEER** **DESIGNER** **CONTRACTOR** **OTHER**

Applicant Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

FIRE INSPECTION AGREEMENT: I agree to request a Fire District inspection prior to calling the Building Inspection Division for:

1. Fire Sprinkler/Fire Alarm Inspection (Commercial & Residential)
2. Final Inspection (Commercial and Residential)

Fire District inspection and approval are required prior to that of the Building Department having jurisdiction. Failure to comply may result in re-inspection being placed on "Hold".

Plans are approved for a term of one (1) year. A Permit is considered "Expired" when there has been no project activity for 12 or more months. Expired permits cannot be reactivated; a new submittal is required, and a different Permit Number will be assigned. Permits without project activity for between 6 and 12 months are considered "inactive" and payment of one-half of the Plan Check fee is required to renew the existing Permit Number.

Applicant's Name (print)

Applicant's Signature

FOR DEPARTMENT USE ONLY

Permit Type: _____ Date Received: ____ / ____ / ____ Received By: _____

Fee Amount: \$ _____ Paid By: _____ Date Paid : ____ / ____ / ____ Method: _____

Review Completed by: _____ Date Completed: ____ / ____ / ____

APPROVED **APPROVED WITH CONDITIONS** **APPROVED WITH REDLINES** **RESUBMITTAL REQUIRED**