



MONTEREY PARK FIRE PREVENTION

320 WEST NEWMARK AVENUE

MONTEREY PARK, CA 91754

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PLAN CHECK

APPLICATION FOR FIRE:	PLAN CHECK	PERMIT
FIRE PLAN CHECK #	BUILDING PERMIT #	

JOB ADDRESS	SUITE
NAME OF BUSINESS	DATE

CONTRACTOR:				
EMAIL		CITY BUSINESS LICENSE #		
ADDRESS		CITY	STATE	ZIP CODE
PHONE #	MOBILE #	LICENSE NUMBER	LICENSE CLASS:	EXP. DATE

PRIMARY CONTACT				
ADDRESS		CITY	STATE	ZIP CODE
PHONE #	MOBILE #	EMAIL		

JOB INFORMATION

VALUATION OF JOB: \$ _____

1. Submittal Type: ☐ Residential ☐ Non-Residential

2. Plan Check Type: ☐ Existing ☐ New Construction ☐ As Built ☐ Revision

3. Permit Type: (Check One Below)

- | | |
|---|--|
| ☐ Fire Alarm (New) | ☐ Hood/Duct Fire Suppression System |
| ☐ Fire Alarm (T.I.) | ☐ Fire Department Access |
| ☐ Fire Sprinklers (New) | ☐ Special/Other (Describe Below) |
| ☐ Fire Sprinklers (T.I.) | |

NUMBER OF DEVICES: Sprinkler Heads _____ Fire Alarm _____ Hood & Duct _____

DESCRIPTION OF WORK:

FIRE PLAN CHECK #
JOB ADDRESS:

BUILDING PERMIT #

<u>P.C. FEE'S</u>	<u>VALUATION</u>	<u>CONSULTANT</u>	<u>AS-BUILT</u>	<u>EXPEDITE</u>	<u>INSPECTION</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>FIRE PERMIT</u> \$ _____		<u># OF HOURS</u> _____	<u># OF INSP.</u> _____	<u>ADMIN %25.4</u> ☐ Yes ☐ No	
RESUBMITTAL FEE..... \$ _____			MINUS DEPOSIT \$ _____		
RESUBMITTAL CONSULTANT FEE \$ _____			BALANCE DUE \$ _____		

<u>NUMBER OF DEVICES:</u> NUMBER OF SPRINKLER HEADS. @ \$10.51 = \$ _____ NUMBER OF FIRE ALARM DEVICES @ \$10.51 = \$ _____ NUMBER OF HOOD & DUCT NOZZLES @ \$10.51 = \$ _____	<u>DEFERRED SUBMITTALS</u> FIRE ALARM REQUIRED: YES NO FIRE SPRINKLER SYSTEM REQUIRED: YES NO FIRE PERMITS REQUIRED: YES NO (If yes, please list) OTHER FIRE PROTECTION SYSTEM: YES NO (please list)
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DATE	TO	RECHECK	APPROVED	DISAPPROVED	TFR OF STAMP	INITIAL

<u>PLAN CHECK :</u>	<u>1ST REVIEW</u>	<u>2ND REVIEW</u> As-Built	<u>3RD REVIEW</u> As-Built	<u>4TH REVIEW</u> As-Built
APPLICATION SUBMITTED:	_____	_____	_____	_____
ROUTED TO CONSULTANT:	_____	_____	_____	_____
RETURNED FROM CONSULTANT:	_____	_____	_____	_____
IN-HOUSE REVIEW:	_____	_____	_____	_____
ROUTED TO APPLICANT/ BLDG:	_____	_____	_____	_____
TRANSFER OF STAMP:	_____	_____	_____	_____
PERMIT ISSUED:	_____	_____	_____	_____
TOTAL TURNAROUND:	_____	_____	_____	_____