



Stockton Fire Prevention Division
 345 North El Dorado Street
 Stockton, CA 95202
 (209) 937-8271 • Fax: (209) 937-8893



PLAN CHECK APPLICATION

Project Located in City County

City Permit # _____

(If applicable) County Permit # _____

Application Date _____

Project Name _____

Project Address _____ Suite _____ Zip _____

CONTRACTOR INFORMATION

Name _____

Address _____ City/Zip _____

Phone _____ Fax _____

Contact Person _____ Office Phone _____ Cell _____

E-mail Address _____

**Work done in the City requires a CITY OF STOCKTON BUSINESS LICENSE
 ALL LICENSE INFORMATION IS SUBJECT TO VERIFICATION**

CITY OF STOCKTON Business License # _____ Expiration Date _____

STATE Contractor License # _____ Expiration Date _____

Sprinkler Fire alarm Underground

Application is hereby made for a plan approval as follows:

<input checked="" type="checkbox"/> Applicant Check Type of Plan	Office Use FEE
<input type="checkbox"/> AUTOMATIC FIRE SPRINKLER SYSTEM - Number of Risers: _____ Number of Heads per Riser: _____ <input type="checkbox"/> Alterations - Number of Risers: _____ Number of Heads per Riser: _____	
<input type="checkbox"/> SPECIALIZED FIRE SPRINKLER SYSTEM - Number of Risers: _____ Number of Heads per Riser: _____ <input type="checkbox"/> Deluge Water System <input type="checkbox"/> Foam System <input type="checkbox"/> Fixed Spray System <input type="checkbox"/> Pre-Action System	
<input type="checkbox"/> FIRE SPRINKLER APPLIANCES: <input type="checkbox"/> Fire Pump <input type="checkbox"/> Fire Hose Racks <input type="checkbox"/> Standpipe	
<input type="checkbox"/> UNDERGROUND FIRE SERVICE: <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Hydrant <input type="checkbox"/> Both	
<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING / FIRE SUPPRESSION SYSTEM Number of Flow Points _____	
<input type="checkbox"/> FIRE ALARM SYSTEMS Number of Devices _____ Number of Stories per Building _____	
<input type="checkbox"/> AUTOMATIC FIRE DETECTION SYSTEMS Number of Devices _____ Number of Stories per Building _____	
<input type="checkbox"/> SPECIALIZED GAS DETECTION SYSTEMS Type: _____	
<input type="checkbox"/> WATERFLOW Number of Devices _____	
<input type="checkbox"/> OTHER _____	
TOTAL FEES	
ADDITIONAL PLAN REVIEW SERVICES	Total Hours & Total Fee
<input type="checkbox"/> Plan Check 1 st Revision - per hour	
<input type="checkbox"/> Plan Check 2 nd Revision - per hour	
<input type="checkbox"/> Plan Check 3 rd Revision & each revision thereafter - per hour	
<input type="checkbox"/> Additional field inspections for new construction due to non-compliance (Plan Check hourly rate)	
<input type="checkbox"/> Plan Review (Plan Check hourly rate)	
<input type="checkbox"/> Plan Check - Expedite Request (Review & Approved within 3 business days)	
<input type="checkbox"/> Express - Over the Counter Plan Check	
<input type="checkbox"/> Work Performed without Permit(s) - Plan Check	
<input type="checkbox"/> "As-Built" Drawings Plan Check (per submittal)	
<input type="checkbox"/> Alternative Materials and Methods - Fire Marshal Review (1 hour minimum, time charged)	
TOTAL FEES	

I ATTEST THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Name (PRINT): _____ Applicant's Signature: _____

OFFICE USE ONLY:

Check # _____

Issued by: _____ Code: FD City Fee Total \$ _____

Date Issued: _____ W5 County Fee Total \$ _____