

DATE: \_\_\_\_\_

**CHINO VALLEY FIRE DISTRICT  
PLAN REVIEW APPLICATION**

PERMIT # \_\_\_\_\_

**APPLICANT INFORMATION** (The permit will be issued to the Contractor)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact (if different than applicant): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PROJECT INFORMATION**

**PLEASE CIRCLE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

CHINO  
CHINO HILLS  
COUNTY AREA

APN # \_\_\_\_\_ Tract # \_\_\_\_\_ City Project # \_\_\_\_\_

**\*\*\*If application is for several sites, a separate sequence sheet shall be provided with all addresses.**

- PLANS ARE FOR:**
- |   |  |   |  |                                      |  |
|---|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> New Const.         | <input type="checkbox"/> UG /On-site   | <input type="checkbox"/> Fixed Ext Sys  | <input type="checkbox"/> Gate          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Sq. Ft. _____      | <input type="checkbox"/> Const. TI     | <input type="checkbox"/> Fire Alarm     | <input type="checkbox"/> HPS           | <input type="checkbox"/> Spray Booth | <input type="checkbox"/> Site Approval     |
| <input type="checkbox"/> <b>INDUSTRIAL</b>  | <input type="checkbox"/> Sq. Ft. _____ | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Hazmat (Chem) | <input type="checkbox"/> PV (Solar)  | <input type="checkbox"/> Parcel Map        |
| <input type="checkbox"/> <b>COMM</b>        | <input type="checkbox"/> New Sprinkler | <input type="checkbox"/> TI # _____     |  | <input type="checkbox"/> CUP         | <input type="checkbox"/> Tract Map         |
| <input type="checkbox"/> <b>RESIDENTIAL</b> |  |   |  |                                      |  |

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_ License # & Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**COMMENCEMENT OF ANY WORK WITHOUT A FIRE PERMIT MAY RESULT IN A FINE UP TO \$1,000.00 PER DAY.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**\*\* ALL FEES ARE DUE AT TIME OF SUBMITTAL AND ARE NON-REFUNDABLE\*\***

**OFFICE USE ONLY:**

FEE CODE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ OWE: \_\_\_\_\_ PAYMENT TYPE: VISA MC AMEX OTHER CHECK #: \_\_\_\_\_ BATCH #: \_\_\_\_\_

CONSULTANT: \_\_\_\_\_ 1<sup>st</sup> CORRECTION DATE: \_\_\_\_\_ RESUBMITTAL DATE: \_\_\_\_\_ 2<sup>nd</sup> CORRECTION DATE: \_\_\_\_\_ 2<sup>nd</sup> RESUBMITTAL DATE: \_\_\_\_\_

APPROVAL DATE & INITIALS: \_\_\_\_\_ APPLICABLE STDS: \_\_\_\_\_ DEV.LETTER NEEDS GC INFO:

NB – OBTAIN CONTACT SHEET:  NOTES: \_\_\_\_\_

CAD REC'D:  \_\_\_\_\_