



CHINO VALLEY FIRE DISTRICT PLAN REVIEW APPLICATION

DATE: _____

PERMIT NO. _____

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"/> Knox /or Gate | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> INDUSTRIAL
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"/> COMM
Sq. Ft. _____ | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Hazmat (Chem) | <input type="checkbox"/> PV (Solar) | <input type="checkbox"/> CUP | <input type="checkbox"/> Parcel Map |
| <input type="checkbox"/> RESIDENTIAL
New Sprinkler | <input type="checkbox"/> TI # _____ | | | | <input type="checkbox"/> Tract Map |

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 _____

OFFICE USE ONLY:

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

CONSULTANT: _____ 1st CORRECTION DATE: _____ RESUBMITTAL DATE: _____ 2nd CORRECTION DATE: _____ 2nd RESUBMITTAL DATE: _____

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

NB – OBTAIN CONTACT SHEET:

NOTES: _____

CAD REC'D:
