

Santa Fe Springs Department of Fire-Rescue
 11300 GREENSTONE AVE • SANTA FE SPRINGS, CA 90670
 (562) 944-9713 • fire@santafesprings.gov

PLAN REVIEW/PERMIT APPLICATION

Name of Facility _____
 Project Address _____
 Project Contact _____ Telephone _____
 Address _____

Scope of work

ARCHITECT/CONTRACTOR/ OWNER INFORMATION

Applicant _____ Telephone _____ Fax _____
 Address _____ Email _____
 License Class _____ License Number _____ Expiration Date _____

ARCHITECT/CONTRACTOR/ OWNER DECLARATION

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and state laws relating to construction, and hereby authorize representatives of this City to enter upon mentioned property for inspection purposes. If I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, my license is in full force and effect.

Signature _____ **Date** _____

√	SCOPE OF WORK	FEE	√	SCOPE OF WORK	FEE
	Fire Alarm System			Tent/Air Supported Structure	
	Installation			Compressed Gas System	
	Test			Dust Collection System	
	Final			High Pile Stock	
	Underground and On-Site Hydrant			Rack Installation	
	Thrust Block (Pre-Pour)			Final	
	Hydro			Vents	
	Flush			Industrial Oven	
	Final			LPG Tank	
	Fire Pump House			Oil Well Abandonment/Venting	
	Rough			50 Foot Top Plug	
	Final			Welded Plate	
	Automatic Sprinkler System			Paint Spray/Powder Coat Booth	
	O/H Rough			Soil Venting System	
	O/H Hydro			Excavation	
	Final			Aggregate, Barrier, Piping	
	Automatic Sprinkler System TI			Vent	
	Rough			Final	
	Final			Other	
	Standpipe and Hose Rack			ENVIRONMENTAL PROTECTION DIVISION	
	Rough/Hydro			AST	
	Final			UST	
	Wet Chemical/Dry Chemical System			Installation/Removal/Modification	
	New Construction			Number of Tanks	
	TI Structural			Industrial Waste	
	Solar PV Systems			Installation/Closure	
	Residential			Revision/Addendum/Renewal	
	Commercial			Other	
	Other				

TOTAL DUE	
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